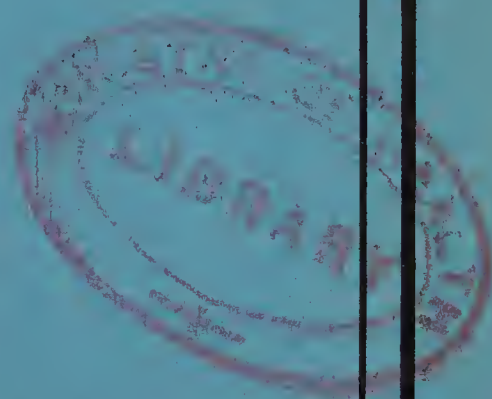
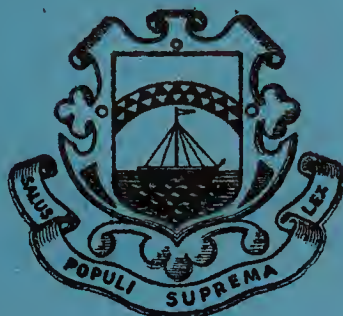


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# SOUTH-WEST KENT UNITED HEALTH AREA



## CORONATION YEAR 1937 PUBLIC HEALTH REPORT

BY

S. NICOL GALBRAITH, M.B., Ch.B., D.P.H.

*Medical Officer of Health*

Public Health Office,  
The Castle,  
Tonbridge.

12th July, 1938





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Public Health Office,  
The Castle,  
Tonbridge.  
12th July, 1938.

To the South-West Kent Joint Health Committee.

### FIFTEENTH ANNUAL REPORT.

Mr. Chairman and Members,

By order of the Ministry of Health I have pleasure in submitting herewith my fifteenth Annual Report upon the public health of the seven constituent Districts of the South-West Kent United Health Area. In a Ministry of Health Order dated 25th April, 1923, and signed by H. W. S. Francis, Assistant Secretary, is this paragraph:—

“This Order may be cited as the South-West Kent United Districts (Medical Officer of Health) Order, 1923, and shall come into operation on the date hereof.”

In actual practice I have found the word “Districts” difficult, and have replaced it with the words “Health Area,” a term I devised when Medical Officer of Health to the Borough of Newark and District in 1915. For fifteen years the main office of the Medical Officer of Health, by the kind courtesy of the Tonbridge Urban District Council, has been at the Castle. Being an Officer for both Tenterden and Tonbridge, it has occurred to me that possibly during the Civil War, when the Castle was besieged by Cromwell, probably its (Tonbridge’s) Borough rights as a limb of the Cinque ports were forcibly taken away from it. These, Tenterden still rightly safeguards. The fact that both town crests show a boat, gave me this historical clue. The ancient Cinque ports and their supporters made provision for the old British Navy.

(1) **Vital Statistics.**—Our much maligned British climate has given another healthy year in 1937. The infant mortality rate, a sensitive index of good sanitation, of the South-West Kent Area was 15.0 below that of the rest of the country (England and Wales). The general death rate is 0.6 higher, but the maternal mortality rate is 1.45 lower. The birth rate is for the Area 1.5 lower than the rest of the country, though it is fortunately 0.3 higher than 1936. The highest infant mortality rate was that of Tonbridge Urban District, namely, 68.7. The maternity and child welfare work of the town is carried on by the Kent County Council. In the neighbouring District of Tonbridge Rural the maternity and child welfare work is done entirely by the District Council and local nursing associations. The infant mortality rate of Tonbridge Rural District was 49.4, or no less than 19.3 less than the Urban rate.

(a) **Family Life.**—Last year considerable interest was taken in my report upon the large Lucas family at Tonbridge, of twenty-four children by the one mother. Some of the British newspapers quoted it as if I was advocating large families, when the reverse was my intention. If one woman can happily bear twenty-four children, then every married woman ought to have at least two, four or six children to keep the population balance on the safe side. Six should be the limit; thereafter the question



of the use of contraceptives may arise. As a Medical Officer of Health, I consider that the manufacture and sale of contraceptives should be put by legislation entirely in the hands of the medical profession. To again peacefully parody Nelson, "Britain expects every Briton to do his duty to his country." As the father of three sons, I am certain that the more happy British family life there is throughout the British Isles, the less need there will be for hospitals and institutions.

(b) Emigration.—It has long been an argument for War, that it mixes and spreads population, thus the 1820 Settlers' Association was formed after the wars with France. It does seem mysterious, however, that after the upheaval of the Great War, no emigration to the British Empire should have followed. This bottling down of white race population is no doubt one of the causes of European unrest. Surely it is as easy to organise the spreading of population over the Dominions as it is to concentrate it dangerously, like a bad abscess, in Europe for war. When I discussed this question with Medical Officers of Health in British South Africa, I suggested it would be better to erect towns in the fertile valleys, properly planned and all ready for regiments of emigrant families, rather than encourage individual haphazard emigration.

(c) Motor Mutilation.—Whilst the number of suicides was reduced from 12 in 1936 to 6 in 1937, the number of deaths from other violence, including motor fatalities, remains at 41 as compared with 42 in the previous year. In my report for 1932 I gave statistics, kindly supplied by Superintendent Shepherd, of the Kent County Constabulary, of fatal and non-fatal motor accidents in South-West Kent. The 20-mile speed limit was abolished in 1930. These figures showed that comparing the years 1930 to 1932 with 1927 to 1929, the increase of motor fatalities was at the rate of 190 per cent. This is certainly higher now. The perspective of the British public's eyes is wrong, when you think of the scare caused by the Croydon typhoid epidemic and compare it with the weekly toll of the roads. It almost seems that the fatalistic juggernaut spirit of the black Indian has taken possession of the white race. Dr. William Harvey, a Kent man and physician to King James the First of Britain, discovered the circulation of the blood. When will our transport organisers learn to circulate our white population in safety? The railway system is the most secure method of transport. When this was ruthlessly removed from the rail to the road, what are called "arterial roads" were hastily constructed all over Britain. Unfortunately the surveyors forgot to provide the "veins" for the return circulation. Elementary anatomy shows that between the arterial and venous blood circulation are two impenetrable walls; such, virtually, is the railway system, and, like the human body, it cannot be improved upon. As I have said before, so long as this motor murdering and mutilation goes on, public health work is largely nullified.

(2) **Infectious Disease.**—The total cases of infectious diseases was 270, the lowest recorded since 1932. No cases of typhoid fever or smallpox occurred. In this connection attention is drawn to action taken following



the disastrous typhoid fever epidemic at Croydon. Many water consumers complain of the taste from chlorination, but I am not prepared to advise the public water concerns to discontinue it.

An interesting case of suspected typhus at Horsmonden is reported upon. The occurrence of a diphtheria epidemic at Cranbrook from infection in the pus of wounds is noteworthy.

A serious case of anthrax occurred in a farmer at Cranbrook; he made a good recovery. In my opinion the source of infection was infected Indian bonemeal.

I attribute the low incidence of infectious diseases to the very useful following-up work and preventive treatment being carried out by the Health Nurse under the direction of the M.O.H.

(3) **Hop-picking.**—Official and voluntary work is so well organised now in connection with the annual migration of Londoners to Kent that 1937 season was quite uneventful. The Ministry of Health officials who visited the hopfields included Sir Edward Campbell, Parliamentary Secretary to the Minister of Health, and Lady Campbell. Both spoke at a gathering at Paddock Wood from which a telegram of thanks was sent to Sir Kingsley Wood, Minister of Health.

Drs. Neil R. Beattie and Conor J. Donelan also made inspections of the camps. A most valuable and interesting booklet was issued officially by the Ministry of Health giving instruction to the farmers upon the effective compliance with the byelaws, and showing a series of figures on how to erect new huts, cookhouses and latrines. Suggestions for instance regarding the use of refuse bins, water supply, etc., which I have made in past years' reports are included in this useful official document.

(4) **Staff Changes.**—Many moves have taken place amongst the Sanitary Inspectors of the Area. Mr. John Henry Bailey retired from the service of Cranbrook Rural District Council after having worked for it faithfully and well for twenty-five years as Sanitary Inspector and Building Surveyor. He was presented with a cheque, and we wish both he and his good wife many years of happy retirement in their native county of Cornwall. By the advice of the Ministry of Health, the District was divided into two. Mr. F. J. Watts, of Tonbridge, was appointed to No. 1 District, including the parishes of Cranbrook, Frittenden and Benenden. Mr. F. G. Smith, of Battle, was appointed to No. 2 District, comprising the parishes of Hawkhurst, Goudhurst and Sandhurst. Mr. E. A. P. May was appointed to Tonbridge Rural District in succession to Mr. Watts. Mr. J. W. Hughes was appointed as his Assistant. Mr. W. J. Davies was appointed Assistant to Inspector Sedgwick of Maidstone Rural District.

We regret to have to record the death of Miss E. Maguire, County Superintendent of the Kent Nursing Association. For many years she supervised the parish nurses in connection with the Tonbridge Rural District Council's Maternity and Child Welfare Scheme. She has been succeeded by Miss H. Wakefield.

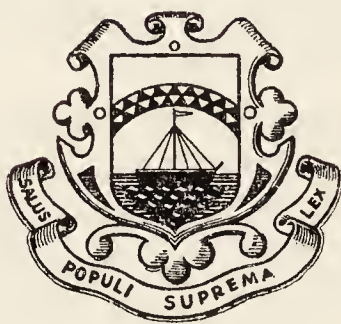
I thank my Inspectors for their willing assistance given during 1937, especially in relation to hop-picking. In a large Area such as this, they are the representatives of the M.O.H. in their own Districts. My thanks are due also to all concerned—Medical Practitioners, Officers and Councillors of the County and District Councils, Head Teachers, Hospital Matrons, District Nurses and Voluntary Organisations—for their valuable co-operation in dealing with matters affecting the public health of the South-West Kent United Health Area.

I have the honour to be,

Your obedient Servant,

S. NICOL GALBRAITH,

Medical Officer of Health.



The Tonbridge Crest Motto,

“ SALUS POPULI SUPREMA LEX ”

means

THE HEALTH OF THE PEOPLE IS THE SUPREME LAW.

---

## HEALTH EDUCATION

The Rt. Hon. Sir Kingsley Wood, M.P., when Minister of Health, said:—

“It is important that those for whom the health services are provided should know about them and make use of them. Services that are not used are a tragic waste. It is desirable to make them more widely known.”

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This public health report has cost nearly three shillings each copy to print.

Please do not throw it away, but pass it on to some ratepayer who may be interested.



## SOUTH-WEST KENT JOINT HEALTH COMMITTEE, 1937.

### Chairman :

CAPT. P. H. ATKIN, O.B.E., J.P., Tonbridge R.D.

### Members :

J. ROLLINGS, Esq., J.P. ...	... representing ✓	Cranbrook R.D.
E. E. ASHBY, Esq. ...	... „	Cranbrook R.D.
J. B. LEAVER, Esq. ...	... „ ✓	Maidstone R.D.
E. E. SELMES, Esq., J.P. ...	... „ ✓	Tenterden R.D.
Dr. T. MARTIN ...	... „ ✓	Tenterden Borough
Mrs. E. HYATT-WOOLF ...	... „ ✓	Tonbridge R.D.
G. I. ADAMS, Esq. ...	... „ ✓	Southborough U.D.
C. H. WORRIN, Esq. ...	... „ ✓	Tonbridge U.D.
Dr. K. M. GOWER-ISAAC ...	... „	Tonbridge U.D.

Clerk : B. LEE, Esq., 48 Pembury Road, Tonbridge.

## CHAIRMEN, CLERKS AND SURVEYORS OF THE CONSTITUENT DISTRICT COUNCILS, 1937.

<b>Capt. P. H. Atkin, O.B.E., J.P.,</b> Chairman ...	... Tonbridge R.D.
B. Lee, Esq., District Clerk, 48 Pembury Road, Tonbridge ...	... Tonbridge R.D.
W. N. Miller, Esq., Surveyor, 48 Pembury Road ...	... Tonbridge R.D.
<b>John Rollings, Esq.,</b> Chairman ...	... Cranbrook R.D.
Major E. Clarke, District Clerk, Council Offices ...	... Cranbrook R.D.
<b>J. A. Raynham, Esq.,</b> Chairman ...	... Maidstone R.D.
F. D. Thomas, Esq., District Clerk, 26 Tonbridge Rd. ...	... Maidstone R.D.
T. A. Busbridge, Esq., Surveyor, 26 Tonbridge Rd. ...	... Maidstone R.D.
<b>Ernest E. Selmes, Esq., J.P.,</b> Chairman ...	... Tenterden R.D.
P. G. Banfield, Esq., District Clerk, 5 East Hill ...	... Tenterden R.D.
W. L. C. Turner, Esq., Surveyor, 5 East Hill ...	... Tenterden R.D.
<b>Mrs. E. A. Adams, J.P.,</b> Mayor ...	... Tenterden Borough
I. T. Emberson, Esq., Clerk, Town Hall ...	... Tenterden Borough
W. L. C. Turner, Esq., Surveyor, Town Hall ...	... Tenterden Borough
<b>W. H. Fleming, Esq., J.P.,</b> Chairman ...	... Southborough U.D.
W. N. Wood, Esq., Clerk, Council Offices ...	... Southborough U.D.
T. A. Scott, Esq., Surveyor, Council Offices ...	... Southborough U.D.
<b>E. T. Webber, Esq., J.P.,</b> Chairman ...	... Tonbridge U.D.
S. J. Thorne, Esq., Clerk, The Castle ...	... Tonbridge U.D.
B. Bishop, Esq., Surveyor, The Castle ...	... Tonbridge U.D.

## **PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITIES.**

### **MEDICAL OFFICER OF HEALTH:**

S. Nicol Galbraith, M.B., Ch.B. Glas., D.P.H. Camb.

Public Health Office, The Castle, Tonbridge (Tel. 577); and  
"Northwood," Yew Tree Road, Southborough (Tel. 104).

### **Clerk to the Medical Officer of Health:**

Miss D. Singleton.

### **HEALTH NURSE:**

Miss E. K. Mackley, S.R.N., R.F.N., S.C.M.

### **DISTRICT HEALTH INSPECTORS:**

#### **Cranbrook Rural District.**

No. 1 District (parishes of Benenden, Cranbrook and Frittenden)—  
Mr. F. J. Watts, Crithall, Benenden. (Tel. 133)

No. 2 District (parishes of Goudhurst, Hawkhurst and Sandhurst)—  
Mr. F. G. Smith, "Ferncroft," Station Road, Hawkhurst. (Tel. 239)

Both the above Inspectors are also Building Surveyors for their respective Districts.

#### **Maidstone Rural District.**

Mr. D. T. Sedgwick, Council Offices, 26 Tonbridge Road, Maidstone.  
(Tel. 2414)

Residence: Chart Sutton. (Tel. 54 Sutton Valence)

Assistant Inspector: Mr. W. J. Davies, Council Offices.

#### **Tenterden Rural District.**

Mr. W. L. C. Turner, 5 East Hill, Tenterden. (Tel. 72)

#### **Tonbridge Rural District.**

Mr. E. A. P. May, Council Offices, 48 Pembury Road, Tonbridge.  
(Tel. 337)

Residence: Leigh Road, Hildenborough. (Tel. 232)

Assistant Inspector: Mr. J. W. Hughes, Council Offices, 48 Pembury Rd.

#### **Southborough Urban District.**

Mr. T. A. Scott, Council Offices, Southborough. (Tel. 30)

#### **Tenterden Borough.**

Mr. G. L. Turner, Town Hall, Tenterden. (Tel. 61)

#### **Tonbridge Urban District.**

Mr. Mark Jenner, Public Health Office, The Castle. (Tel. 242)



**STAFFS OF ISOLATION HOSPITALS.****Cranbrook & Tenterden Joint Hospital, Cranbrook.** (Tel. 152 Cranbrook)

Clinical M.O.: Dr. Parish. (Tel. 190 Cranbrook)

Matron: Miss Burton.

**Maidstone R.D. Hospital, Loose.** (Tel. 85120 Hunton)

Clinical M.O.: Dr. Falwasser. (Tel. 3520 Maidstone)

Matron: Miss Gordon.

**Tonbridge Joint Hospital, Capel.** (Tel. 17 Pembury)

Clinical M.O.: Dr. Herman. (Tels. 236 and 181 Tonbridge)

Matron: Mrs. Graham.

**Southborough U.D. Hospital, Vauxhall Lane.** (Tel. Southborough 43)

Clinical M.O.: Dr. Rigg. (Tel. Southborough 56)

Matron: Mrs. Lawrence.

**VITAL AND OTHER STATISTICS.**

Area (acres) ... ..	171,387
Population (Census 1931) ... ..	80,297
Population (Registrar-General's estimate mid-year 1937) ...	82,854
Rateable Value ... ..	£549,285
Sum represented by a penny rate ... ..	£2,173
Number of inhabited houses (end of 1937) according to Rate Books ... ..	24,339

**Births.**—The Birth-rate for South-West Kent in comparison with the whole of England and Wales for 1937 shows the rate to be 1.5 lower. (See Table I.)

**Deaths.**—The Death-rate for South-West Kent was 0.6 higher than that for the whole of England and Wales. (See Table I.)

Of the 1,080 deaths in 1937, 328 died from heart disease and 170 from cancer. That heart disease accounts for 30 per cent., or practically a third, of the total deaths is certainly a danger signal with regard to the senseless waste of energy in excessive speed in transport and at work.

**Infant Mortality.**—The Infant Mortality Rate for South-West Kent during 1937 was 43.0, and for England and Wales 58.0. It is satisfactory to note that the rate for South-West Kent was 15.0 lower. Tonbridge Urban District had the highest infant mortality rate of 68.7 Southborough Urban District had again the highest number of male children born over female children; there were 62 males and 39 females.

**Maternal Mortality.**—The respective rates for South-West Kent and England and Wales are given hereunder:—

	Puerperal Sepsis.	Others.	Total.
Rate per 1,000 live births—			
England and Wales ... ..	0.97	2.26	3.23
South-West Kent ... ..	0.89	0.89	1.78
Rate per 1,000 total (live and still) births—			
England and Wales ... ..	0.94	2.17	3.11
South-West Kent ... ..	0.87	0.87	1.74

**Notifications.**—Puerperal fever and pyrexia (rate per 1,000 total births):

England and Wales ... ..	13.93
South-West Kent ... ..	7.8



TABLE I.—BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY FOR 1937.

	Rate per 1,000 of Population		Annual Death-Rate per 1,000 Population								Rate per each 1000 Live Births		
	Live Births	Still Births	All Causes	Typhoid and Paratyphoid Fever	Small-Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total Deaths under 1 year
England and Wales	14.9	0.60	12.4	0.00	—	0.02	0.01	0.04	0.07	0.45	0.54	5.8	58
125 County Boroughs and Great Towns including London	14.9	0.67	12.5	0.01	—	0.03	0.01	0.04	0.08	0.39	0.45	7.9	62
148 Smaller Towns (resident popula- tions 25,000 to 50,000 at Census 1931)	15.3	0.64	11.9	0.00	—	0.02	0.01	0.03	0.05	0.42	0.42	3.2	55
London	13.3	0.54	12.3	0.00	—	0.01	0.01	0.06	0.05	0.38	0.51	12.0	60
South West Kent	13.4	0.39	13.0	0.00	—	0.01	0.01	0.03	0.02	0.41	0.49	9.8	43.0
Cranbrook R.D.	13.1	0.37	14.5	0.00	—	0.00	0.00	0.00	0.07	0.60	0.45	11.5	34.5
Maidstone R.D.	14.7	0.45	12.9	0.00	—	0.00	0.00	0.00	0.00	0.58	0.32	4.3	26.2
Tenterden R.D.	15.0	0.47	12.5	0.00	—	0.00	0.00	0.00	0.00	0.32	0.79	10.5	42.1
Tonbridge R.D.	12.7	0.57	12.2	0.00	—	0.00	0.05	0.05	0.00	0.15	0.52	12.4	49.4
Southborough U.D.	13.2	0.39	12.6	0.00	—	0.00	0.00	0.00	0.00	0.26	0.39	9.9	19.8
Tenterden Borough	12.1	0.00	19.2	0.00	—	0.00	0.00	0.00	0.00	1.48	0.59	24.4	48.8
Tonbridge U.D.	13.3	0.23	12.1	0.00	—	0.06	0.00	0.11	0.06	0.28	0.57	8.6	68.7

**TABLE II.—SHOWING CAUSES OF DEATH (INFANTS AGE ONE YEAR AND UNDER) 1937.**

Causes	Cranbrook R.D.	Maidstone R.D.	Tenterden R.D.	Tonbridge R.D.	Southboro' U.D.	Tenterden Borough	Tonbridge U.D.	TOTAL
Atelectasis ... ..	1	...	1	...	...	...	...	2
Cerebral Haemorrhage ... ..	...	...	...	...	...	...	1	1
Congenital Heart Disease ... ..	...	2	...	...	...	...	2	4
Gastro-enteritis ... ..	2	1	...	3	1	...	2	9
Heart Failure ... ..	...	...	1	...	...	...	...	1
Inanition ... ..	1	...	...	1	...	...	...	2
Malnutrition ... ..	...	...	...	1	...	...	...	1
Microcephaly ... ..	...	...	...	...	...	...	1	1
Marasmus ... ..	...	...	1	...	...	1	1	3
Neonatorum, asphyxia ... ..	1	...	...	...	...	...	...	1
„ interus gravis ... ..	...	...	...	1	...	...	...	1
„ melaena ... ..	1	...	...	...	...	...	...	1
Pneumonia ... ..	...	1	...	2	1	...	1	5
Prematurity ... ..	...	...	1	3	2	...	3	9
Purpura, Haemorrhagica ... ..	...	...	...	...	...	...	1	1
Pyelitis ... ..	...	...	...	...	...	...	1	1
Suffocation (liquor amnii) ... ..	...	...	...	1	...	...	...	1
Toxaemia ... ..	...	1	...	...	...	...	...	1
Whooping Cough ... ..	...	...	...	...	...	...	1	1
	6	5	4	12	4	1	14	46

**TABLE III.—SHOWING CAUSES OF DEATH (ALL AGES).**  
Supplied by Registrar-General.

Causes of Death	Cranbrook R.D.	Maidstone R.D.	Tenterden R.D.	Tonbridge R.D.	Southboro' U.D.	Tenterden Borough	Tonbridge U.D.	TOTAL
Measles ... ..	...	...	...	...	...	...	1	1
Scarlet Fever ... ..	...	...	...	1	...	...	...	1
Whooping Cough ... ..	...	...	...	1	...	...	2	3
Diphtheria ... ..	1	...	...	...	...	...	1	2
Influenza ... ..	8	9	2	3	2	5	5	34
Encephalities Lethargica ... ..	1	1	...	...	...	...	...	2
Tuberculosis of Respiratory System ... ..	8	10	3	7	2	2	8	40
Other Tuberculous Diseases ... ..	...	1	1	1	...	...	...	3
Syphilis ... ..	...	1	2	...	...	...	1	4
General Paralysis of the Insane ... ..	...	...	1	...	...	...	1	2
Cancer ... ..	29	33	10	44	15	11	28	170
Diabetes ... ..	1	1	3	2	3	1	2	13
Cerebral Hæmorrhage ... ..	5	2	2	11	6	5	4	35
Heart Disease ... ..	62	56	26	69	36	19	60	328
Aneurysm ... ..	...	1	...	3	1	...	2	7
Other Circulatory Diseases ... ..	18	16	3	17	5	2	11	72
Bronchitis ... ..	6	4	2	4	2	1	7	26
Pneumonia (all forms) ... ..	12	5	5	10	5	1	7	45
Other Respiratory Diseases ... ..	2	2	...	1	...	...	1	6
Peptic Ulcer ... ..	...	6	1	6	...	1	4	18
Diarrhoea (under 2 years) ... ..	2	1	1	3	1	1	2	11
Appendicitis ... ..	2	...	...	...	2	...	2	6
Cirrhosis of Liver ... ..	1	1	...	1	...	...	...	3
Other Liver Diseases ... ..	...	...	...	2	1	...	3	6
Other Digestive Diseases ... ..	2	4	2	6	2	1	4	21
Acute and Chronic Nephritis ... ..	7	7	2	4	3	3	7	33
Puerperal Sepsis ... ..	...	...	...	...	...	...	...	...
Other Puerperal Diseases ... ..	...	1	...	...	...	...	...	1
Congenital Debility, Premature Birth ... ..	4	4	2	7	...	1	10	28
Senility ... ..	1	6	...	5	1	4	5	22
Suicide ... ..	...	3	...	1	1	...	1	6
* Other Violence ... ..	6	5	5	10	3	2	10	41
Other defined Diseases ... ..	14	19	6	16	5	5	24	89
Ill-defined or not known Diseases ... ..	...	1	...	...	...	...	...	1
	192	200	79	235	96	65	213	1080

\* Includes motor fatalities.



**INSPECTION AND SUPERVISION OF FOOD.****School Milk.**

The following Districts in the South-West Kent Area come under the scheme arranged by the Milk Marketing Board with the Kent Education Committee for the supply of milk in bottles at a cheap rate: Cranbrook Rural District, 10 schools supplied with milk out of 13; Maidstone Rural District, 17 out of 20; Tenterden Rural District, 5 out of 7; Tonbridge Rural District, 14 out of 17; Southborough Urban District, 5 out of 6; Tenterden Borough, all three schools; and Tonbridge Urban District, all nine schools and in addition one County School for Girls is also supplied with milk.

During the year the following samples were taken once in every quarter at the schools in the various Districts, for bacteriological examination for cleanliness:—

	Total Samples.	Number Satisfactory.	Number Unsatisfactory.
Cranbrook R.D. ... ..	26	23	3
Maidstone R.D. ... ..	47	44	3
Tenterden R.D. ... ..	12	11	1
Tonbridge R.D. ... ..	42	37	5
Southborough U.D. ... ..	17	17	—
Tenterden Borough ... ..	8	8	—
Tonbridge U.D. ... ..	29	28	1
	181	168	13

The figures given above under unsatisfactory samples shows an improvement in the general standard of cleanliness of milk supplies on that for 1936, when 23 samples proved unsatisfactory. Of the bad samples, all the suppliers were different except in Tonbridge Rural District, where two dairymen each supplied two schools; they were all communicated with and requested for their observations as to the possible cause for the adverse reports. In addition the producers' premises were inspected by the respective Sanitary Inspectors and any defects found pointed out to the farmers. In one of the Cranbrook cases the milk was supplied by an accredited producer, the samples of which were at all times during the year satisfactory, and the farm found to be very satisfactory. The milk is, however, supplied to the school in bulk together with bottles, straws, etc., and the bottles are filled and cleaned at the school, and were consequently not sterilized. The headmaster has undertaken to arrange for the bottles to be boiled each day in the copper and the provision of an enamelled table top to drain them on. This system is the only one available for this particular school. In one of the Maidstone Rural cases, the Sanitary Inspector reported that on visiting the farm the cowsheds were found to be dirty and the adjoining yard in a very unsatisfactory state; the farmer was advised as to the necessary action required to remedy the conditions.

Two schools in Tonbridge Rural District supplied by the same dairyman, and from which the samples proved unsatisfactory, were investigated by the Sanitary Inspector. It was found that two producers supplied this dairy; at one farm the conditions were very satisfactory, but in the other the general condition of the milking sheds was poor. It was arranged that only milk from the former should be supplied to the schools.

### **Tuberculous Milk.**

Excellent work in being carried out by the County Veterinary Officers in clearing herds of tuberculous animals. Of the 74 school milk samples tested for the tubercle bacilli, one was found to be positive. This was from a farm at Appledore in Tenterden Rural District. The County Veterinary Officer visited the farm and examined the herd and took individual samples of milk, in one of which tubercle bacilli were found microscopically. The animal concerned was dealt with under the Tuberculosis Order. Other samples were submitted to the biological test and a further tuberculous cow discovered as a result, which was also dealt with under the Order.

Certain farms in the Tonbridge Rural District were involved in the milk supply to two dairies serving Tunbridge Wells schools from which samples were found to contain tubercle bacilli; inspections were made by the County Veterinary Officer to the various farms, and herds examined and samples of milk taken; in each case the tuberculous animals were traced to farms in East Sussex also supplying the respective dairies.

Samples of milk supplied to three Public Assistance Institutions in the South-West Kent Area were submitted to the biological test at the County Laboratory for the tubercle bacilli. The one from Pembury County Hospital was found to be positive; the matter was taken up by the Kent County Council.

### **Slaughterhouses and Knackers' Yards.**

These are regularly inspected by the respective Inspectors and the total amount of meat condemned during the year in the various Districts is given hereunder:—

			Tons.	cwts.	qrs.	lbs.
Cranbrook R.D.	...	...	1	3	0	12
Tonbridge R.D.	...	...	1	11	3	23
Tonbridge U.D.	...	...	0	13	3	3
Maidstone R.D.	...	...	4	12	2	4
Southborough U.D.	...	...	0	12	1	0

From the Tonbridge Rural knacker's yard situated at Hildenborough notice is regularly received by the Inspector of tuberculous animals slaughtered; particulars of these are forwarded to the County M.O.H., who requests the various Inspectors in my Area to collect samples of milk from the farms when these are within the South-West Kent Area, for biological tests for the tubercle bacilli.



**Cowshed Construction.**

Plans of a new cowshed to be erected on a farm in Speldhurst parish were examined by the M.O.H. in conjunction with the Sanitary Inspector, and the owner's attention drawn to the lack of provision for the disposal of liquid and solid manure. A recommendation was made advising the provision of a proper manure pit. Comparing Ayrshire with this part of the Kent County there is in the latter a great wastage of the natural manure. It is very difficult to get Kent farmers to instal a solid manure pit and a liquid manure pump to distribute it on the land. They take the more expensive way of purchasing artificial manures and allow the natural manure to run to waste and cause a nuisance by polluting the streams and rivers. We try to let them see the folly of literally throwing pound notes down the ditches.

**Accredited Milk.**

There are a total of 68 Accredited Producers in the South-West Kent Area, as follows:—Cranbrook R.D. 22, Maidstone R.D. 6, Tenterden R.D. 14, Tonbridge R.D. 21, Southborough U.D. 1, Tenterden Borough 3, Tonbridge U.D. 1.

There is a gradual increase in the number of producers of accredited milk and the number of samples collected by the various Inspectors and submitted to the County Laboratory for examination. The results are given below for each District in South-West Kent Area:—

	Total Samples.	Number Satisfactory.	Number Unsatisfactory.
Cranbrook R.D. ... ..	61	45	16
Maidstone R.D. ... ..	28	17	11
Tenterden R.D. ... ..	21	14	7
Tonbridge R.D. ... ..	61	46	15
Southborough U.D. ... ..	5	3	2
Tenterden Borough ... ..	8	5	3
Tonbridge U.D. ... ..	4	3	1
	188	133	55

Samples of accredited milk are analysed every three months at the County Laboratory, but should the result be unsatisfactory, a second sample is examined within a short period, following on a notice to the producer, of the adverse report; in the event of the second sample being faulty the matter is investigated by the County Veterinary Officer and the Agricultural Organiser, and a third sample taken at a given interval. Failing the third sample to be satisfactory, consideration is given to the suspension of the producer's licence by the Chairman of the County Committee responsible for the administration of the Milk (Special Designations) Order, 1936.

**Tuberculin Tested Milk.**

Samples of tuberculin tested milk were sent by the Inspectors from the following Districts:—Cranbrook R.D. 5 (all satisfactory); Maidstone R.D. 8 (7 satisfactory, 1 unsatisfactory); Tonbridge R.D. 9 (3 satisfactory, 6 unsatisfactory); Southborough U.D. 9 (all satisfactory). The test applied was the methylene blue test for cleanliness and not for tubercle bacilli.

Of the Tonbridge Rural samples, one farm had two repeat bad samples, and another three repeat faulty samples. Subsequent samples proved satisfactory.

In my report for 1931 I included a photograph of the cowshed owned by Mr. Ronald Campbell, of Great Hollenden Farm, Hildenborough, and described it as "a cowshed as clean as a hospital"; as clean as a kitchen would be more correct. Mr. Campbell, a farmer and business gentleman of great experience, does not believe in submitting his cattle to the tuberculin test. He does, however, keep control of the quality of his milk by having samples of the milk regularly tested for the tubercle bacilli at the pathological laboratory through guinea pigs.

### BACTERIOLOGICAL EXAMINATIONS.

#### Work Done at the County Laboratory, in Connection with Notifiable Diseases.

TABLE IV.

District	Total sent	Diphtheria	Positive	Phthisis	Positive	Enteric Fever	Positive	Haemolytic Streptococci	Positive	Anthrax	Positive	Dysentery	Positive
Cranbrook R.D. ...	590	328	49	61	5	4	...	191	95	3	1	3	1
Maidstone R.D. ...	218	144	27	54	5	...	...	20	3	...	...	...	...
Tenterden R.D. ...	100	51	8	32	7	...	...	17	9	...	...	...	...
Tonbridge R.D. ...	311	214	22	48	6	4	...	45	20	...	...	...	...
Southborough U.D.	170	126	30	29	...	14	1	1	...	...	...	...	...
Tenterden Borough	29	16	...	10	...	...	...	3	2	...	...	...	...
Tonbridge U.D. ...	254	115	7	88	12	9	...	36	10	...	...	6	...
	1672	994	143	322	35	31	1	313	139	3	1	9	1

The above figures given for the South-West Kent Area show an increase of 513 on the number of examinations made compared with the previous year; this was made possible by the new laboratory premises made available in 1936; the work is thus carried out under ideal conditions. A branch laboratory at the County Hospital, Pembury, also examined specimens from the Capel Isolation Hospital.



**HOUSING.**

The following table shows the position with regard to houses built in the respective Districts of South-West Kent Area:—

**TABLE V.**

	Cranbrook R.D.	Maidstone R.D.	Tenterden R.D.	Tonbridge R.D.	Southboro' U.D.	Tenterden Borough	Tonbridge U.D.	Totals S. W. Kent
Total houses built by Council ...	118	202	236	585	54	112	646	1953
Total houses built by Council in 1937 ... ..	...	60	68	44	...	...	34	206
Total houses on hand or sanc- tioned ... ..	...	22	...	...	...	...	14	36
Total houses built by private persons in 1937 ... ..	37	129	17	99	88	31	158	559

**GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.****Fever Hospitals.**

There are four Fever Hospitals in the South-West Kent Area, particulars of which will be found in my Annual Report for 1935. The hospitals are: (1) Cranbrook and Tenterden Joint Hospital; (2) Maidstone R.D. Hospital, Loose; (3) Tonbridge and Tonbridge R.D. Joint Hospital, Capel; (4) Southborough U.D. Hospital.

**Smallpox, Tuberculosis, and General Hospitals.**

These remain unchanged, particulars of which were given in my 1935 report.

**Health Nurse.**

The Health Nurse, Miss E. K. Mackley, employed jointly by the Tonbridge Rural and Urban Districts, continues to carry out good work under the direction of the Medical Officer of Health in dealing with contacts to cases of infectious disease in the homes and schools by giving throat treatments with antiseptic paint to help in the prevention of the spread of infection; by visitation of patients discharged from hospital before their return to school; also advising parents whose children are notified to be suffering from any of the minor infectious diseases, such as whooping cough, measles, chicken-pox, etc., as to their care and treatment.

## Health Nurse's Work, 1937.

Health Nurses' Work, 1937	Tonbridge U.D.	Tonbridge R.D.	Maidstone R.D.	Cranbrook R.D.	Tenterden R.D.	Southboro' U.D.
Number of:—						
Visits to scarlet fever contacts ... ..	112	85	15	67	4	7
Throat treatments given ... ..	140	87	21	77	1	15
Visits to patients discharged after scarlet fever ... ..	123	101	...	...	...	...
Visits to diphtheria contacts ... ..	23	49	2	11	14	3
Throat treatments given ... ..	39	21	63	13	6	...
Visits to patients discharged after diphtheria ... ..	24	36	21	...	...	...
Visits to schools ... ..	32	17	6	11	5	1
Scholars examined ... ..	595	388	345	868	521	...
Throat treatments given ... ..	296	342	345	270	300	...
Scholars excluded for sore throat, peeling and nasal discharge ... ..	...	5	...	6	...	...
Swabs taken for diphtheria ... ..	41	69	44	29	20	35
Positive swabs ... ..	2	8	21	6	1	...
Swabs taken for haemolytic streptococci ... ..	22	36	4	33	...	10
Positive swabs ... ..	4	13	0	15	...	1
Tuberculosis cases visited ... ..	22	69	...	...	...	...
Visits to mumps cases ... ..	1	7	...	...	...	...
Visits to whooping cough cases ... ..	14	29	...	...	...	...
Visits to chicken-pox cases ... ..	32	14	...	...	...	1
Visits to measles cases ... ..	43	41	...	...	...	...
Visits to tonsillitis cases ... ..	25	1	...	...	...	...
Visits to dysentery cases ... ..	15	...	...	...	...	...
Visits to rubella (German measles) cases ... ..	2	...	...	...	...	...
Visits to hop-farms in connection with infectious disease ... ..	...	13	1	4	...	...
Visits to registered nursing homes ... ..	2	...	...	...	...	...
Other visits ... ..	58	261	2	...	...	...
Visits to erysipelas cases ... ..	...	2	...	...	...	...
Visits to typhoid contacts ... ..	2	...	...	...	...	...



## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

## Notifiable Diseases during the Year.

Table VI.

Infectious Disease	Cranbrook R.D.	Maidstone R.D.	Tenterden R.D.	Tonbridge R.D.	Southborough U.D.	Tenterden Borough	Tonbridge U.D.	Total
Scarlet Fever ...	24	21	4	29	4	2	20	104
Diphtheria ...	8	3	6	33	4	...	8	62
Pneumonia ... ..	13	5	2	9	...	1	18	48
Erysipelas ... ..	8	2	...	7	...	...	8	25
Puerperal Pyrexia ...	2	2	1	2	1	...	1	9
Acute Anterior Poliomyelitis ... ..	1	...	...	...	...	...	...	1
Ophthalmia Neonatorum	...	1	...	1	1	...	...	3
Dysentery ... ..	...	...	...	1	...	...	17	18
	56	34	13	82	10	3	72	270

**Infectious Disease.**—The number of notified cases in my Area for 1937 totalled 270 cases, a further reduction of 48 on last year's figure, which was 318. Of the 104 scarlet fever cases notified, Tonbridge Rural District had the largest number of 29 cases, seven of these being from the County Hospital, Pembury. An outbreak of diphtheria numbering eight cases occurred at the Cranbrook Convalescent Home. Considering that about 50,000 is added by the hop-pickers in September to the normal population of 80,000, the above total of cases of infectious disease is very low indeed.

**Smallpox.**—No cases were reported in the South-West Kent Area; in fact the whole of England and Wales was free of this disease during 1937.

**Scarlet Fever.**—A total of 104 cases were notified during 1937; there were no deaths; this compares favourably with the previous year's figure of 168 cases with one death. Five of the cases were of hop-pickers' children, three in Maidstone Rural and two in Tonbridge Rural.

A number of schools in the Area were visited by the M.O.H. in connection with the above, and in addition throat treatments of contacts were carried out by the Health Nurse; this involves the painting of the tonsils with 1-in-10 carbolic oil, and resulted, to a large extent, in the prevention of potential outbreaks. Home contacts were also visited and in some cases treated.

**Diphtheria.**—This disease was rather more prevalent in the Area during the year 1937, a total of 62 cases being notified with three deaths, as against 41 cases with no deaths in 1936. Ten of the cases occurred amongst hop-pickers, two in Cranbrook Rural, two in Maidstone Rural and six in Tonbridge Rural, one of which proved fatal following a tracheotomy operation.

The schools and homes where the cases occurred were visited and inspections carried out, children with suspicious sore throats being swabbed and treated. In this way a number of “carriers” who gave positive nasal or throat swabs were located and removed to hospital for treatment.

**Enteric Fever.**—No notifications were received during the year of this disease.

**Suspected Typhus Fever.**—This case occurred in the Tonbridge Rural District and is reported upon fully in that section of the report relating to this District.

**Minor Infectious Diseases.**—During 1937, head teachers notified a total of 589 cases of actual or suspected minor infectious diseases as follows:—chicken-pox 167, measles 118, whooping cough 113, impetigo 69, mumps 9, influenza 10, conjunctivitis 7, ringworm 5, tonsillitis 1. Also 35 chills and colds and 55 diarrhoea and sickness cases were reported.

Because of the prevalence of influenza and coryza during January, the M.O.H. published in the Press a memorandum telling the public what precautions to take in the prevention and cure of this epidemic disease. It was pointed out that the present-day influenza was not comparable with the severe epidemics experienced after the Great War.

**Tuberculosis.**—No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under the Public Health Act, 1925, Section 62. The following figures show the number of new cases notified and the number of deaths registered in each of the constituent Districts in South-West Kent Area during the year 1937:—

Table VII.

DISTRICT	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Cranbrook R D. ...	8	4	2	2	6	2	...	...
Maidstone R.D. ...	3	8	...	2	7	4	...	...
Tenterden R.D. ...	3	3	...	1	2	1	1	...
Tonbridge R.D. ...	5	4	2	4	2	5	1	...
Southborough U.D. ...	2	...	1	1	1	1	...	...
Tenterden Borough ...	2	...	...	1	3	...	...	...
Tonbridge U.D. ...	6	8	...	3	3	5	...	...
	29	27	5	14	24	18	2	...
	56		19		42		2	



The total number of cases on the registers at the end of the year was :—

**Table VIII.**

	TOTAL	PULMONARY		NON-PULMONARY <sup>e</sup>	
		Male	Female	Male	Female
Cranbrook R.D. ... ..	154	59	46	24	25
Maidstone R.D. ... ..	147	43	55	27	22
Tenterden R.D. ... ..	48	20	19	3	6
Tonbridge R.D. ... ..	153	58	42	34	19
Southborough U.D. ... ..	92	27	36	17	12
Tenterden Borough ... ..	23	9	10	2	2
Tonbridge U.D. ... ..	145	49	41	35	20
Totals ...		265	249	142	106
		514		248	
		762			

The following pamphlet was issued during the prevalence of “influenza” in the month of January, 1937 :—

### INFLUENZA AND CORYZA.

Influenza is again prevalent in London, though fortunately it has not reached serious proportions in Tonbridge and South-West Kent United Health Area. If individuals carry out reasonable precautions, it is hoped it will not reach epidemic stages.

The illness, which yearly recurs in the winter, would more correctly be described as coryza, really a bad form of the common cold. Though some cases have chest symptoms like bronchitis, they do not in any respect approach the severe type recognised in the dreadful post-war epidemics of 1918 and 1921. It is my opinion as a Medical Officer of Health that these epidemics were really the black or pneumonic plague brought by the hordes of Chinese labourers transported to Europe at the end of the Great War.

Medical practitioners, nurses and others would, in my opinion, greatly allay popular fears by diagnosing mild cases as coryza, and reserve the term influenza for the severe type with lung complications.

Influenza and coryza are most infectious during their commencement and while the person who has contracted the disease is still able to follow his work and mix with his fellows. Almost everybody, therefore, is exposed to infection at one stage or another of an epidemic.

While no certain safeguards against the diseases are known to exist, it is important to take the following precautions :—

**Prevention.**

The greatest personal protection is to "keep fit." Infection may be guarded against by:

- (a) Healthy and regular habits, and avoidance of chill, fatigue, alcohol, crowded meetings, and unnecessary travelling.
- (b) Good ventilation in working, living and sleeping rooms.
- (c) Warm clothing and watertight boots.
- (d) Gargling every night and morning from a tumbler of warm water to which has been added two drops of antiseptic such as Milton. Keep your teeth sound and clean.
- (e) Vaccination against influenza and coryza is useful in some cases, but it is most valuable before an epidemic occurs. Should you desire to avail yourself of this, consult your medical practitioner.

**Cure.**

In the event of an attack of influenza or coryza, the patient is advised to adopt the following measures, with a view to securing a speedy return to convalescence and avoidance of complications:

- (a) At the first feeling of illness or immediately on a rise of temperature, the patient should leave his work, go home and go to bed; he should keep warm and send for the doctor.
- (b) On convalescence, the patient should avoid meeting-places for one week after his temperature has become normal.
- (c) Recovery should be fully established before return to work.

**Person Nursing Influenza and Coryza.**

- (a) The patient should, if possible, occupy a separate bedroom or a bed screened off from the rest of the room. This should be observed until the temperature is normal.
- (b) The patient should be kept warm.
- (c) All curtains and other articles which prevent a free circulation of the air about the patient's bed should, as far as possible, be removed.
- (d) Inhalation of the patient's breath should be avoided.
- (e) A handkerchief or other screen should be held before the mouth, and the head should be turned aside while the patient is coughing or sneezing.
- (f) The hands should be washed after contact with the patient.

**Employers, School Teachers and Others.**

- 1.—Workers who are obviously ill should be sent or taken home at once. Their continuance at work is bad for them and dangerous to others. The same applies to school children. Children suffering from colds or catarrh should be sent home.
- 2.—During an epidemic the teachers should instruct the children to gargle.
- 3.—Schools, workshops, etc., must be kept well ventilated and warm.
- 4.—The Medical Officer of Health particularly requests the managers of cinemas, halls, and omnibus companies to give attention to the thorough disinfection and ventilation of their premises and vehicles.



**MATERNITY AND NURSING HOMES.**

The following is a list of the Nursing Homes registered under the Nursing Homes Registration Act, 1927, in South-West Kent:—

**Cranbrook R.D.**

Mrs. H. E. Pierson, The Danes, Cranbrook.

Mrs. Corps, Park View, Hawkhurst.

Miss Tudor, Little Fowlers, Hawkhurst.

Cottage Hospital, Hawkhurst.

The Ellenden Nursing Home, Sandhurst.

**Maidstone R.D.**

Miss M. T. Heale, Hillside, Barming.

Rosemount Nursing Home (Miss C. Sayers), Roseacre, Bearsted.

St. Faith's Home (Supt. N. M. Russell), Bearsted.

**Tonbridge R.D.**

Mrs. Budding, Haslemere, Hilden Park Road, Hildenborough.

**Southborough U.D.**

Southborough Nursing Home (Mrs. Mannering), Park Road, Southborough.

Nurses Ceaplen and Cassell, "Summer Court," Park Road, Southborough.

Mrs. Florence Austen, "Pineview," Pinewood Gardens, Southborough.

**Tenterden Borough.**

Miss C. H. Clark, 3 Victoria Terrace, Ashford Road, Tenterden.

Mrs. Milton, Kench Hill, Tenterden.

**Tonbridge U.D.**

Miss Hill, Tonbridge Nursing Home, Dry Bank House, Dry Hill Park Road, Tonbridge.

Mrs. L. A. Tippen, 6 Judd Road, Tonbridge.

Miss Ireland, The Hawthorns, London Road, Tonbridge.

Mrs. Shelton, 37 Lyons Crescent, Tonbridge.

Miss V. D. L. Gear, St. Mary's Nursing Home, 66 Quarry Hill, Tonbridge.

All the Nursing Homes in Cranbrook District were inspected by the M.O.H. at the request of the Clerk of the Council. The registers were found to be kept in order. The Ellenden Nursing Home (proprietor, Mr. Nesfield) was inspected on three occasions and the patients interviewed.

All expressed satisfaction with the treatment received. The General Medical Council and the Ministry of Health are being corresponded with as to whether Mr. Nesfield, not being on the Medical Register, is entitled to have his premises registered as a Nursing Home. There is still a State Nurse on the staff.

Nurse Cane having taken up a post as salaried midwife, closed the house called "St. Margarets," Tenterden, which the Council had registered under the above Act. Nurse Cane handed over the official certificate, which was passed on to the Town Clerk.

On the 26th August, Miss Berry, the Kent County Council Inspector of Midwives, had an interview with the M.O.H. She reported that Miss Hobbs, of Linden House, 5 London Road, was not fit now because of age and infirmity to carry on a nursing home. I recommended the Tonbridge U.D.C. that the cancellation of the registration of this Nursing Home under the above Act be given effect to. This Nursing Home has now been closed as such.

### SANITARY CIRCUMSTANCES OF THE AREA.

#### Public Water Supplies.

Dr. Constant Ponder, Kent County M.O.H., convened a conference of Medical Officers of Health in Kent, which was held at the Sessions House, Maidstone, on December 9th, 1937.

Amongst the items discussed was the "Bacteriological Supervision of Water Supplies in the County." Dr. E. R. Jones, the bacteriologist, gave an address upon this important subject. Your M.O.H. asked him as to whether he considered it essential that bacteriological as well as chemical analyses should be made at regular periods of all public water supplies; he replied that in his opinion it was a necessity.

In view of the serious epidemic at Croydon of typhoid fever which necessitated a Public Inquiry and which was attended by Mr. T. Muir Thomson, the Managing Director of the Tonbridge Waterworks, in company with your M.O.H. for one whole day, your M.O.H. decided to ask all the water concerns in South-West Kent Area to comply with the following:—

- (a) That samples of water be submitted to bacteriological analysis every month and to chemical analysis every quarter, and that copies of the reports of the analyses be sent to the M.O.H.
- (b) That the whole of the water supplies be submitted to *constant* chlorination.
- (c) That all the employees in connection with the water concerns be medically examined now and every five years to make certain that none of them are "typhoid carriers." This can be done by their National Insurance doctors and any necessary bacteriological tests carried out at the County Laboratory free of charge.

The water concerns which supply the Districts of this Area are:—

(1) Cranbrook and District Water Company, supplying Cranbrook and Tenterden Rural Districts and the Borough of Tenterden: Mr. Douglas Murton-Neale, Solicitor and Secretary.



(2) The Maidstone Waterworks Company, supplying part of Maidstone Rural District: Mr. Charles H. Harden, B.Sc., M.Inst.C.E., Engineer and Manager.

(3) The Mid-Kent Water Company, supplying parts of Maidstone, Cranbrook and Tenterden Rural Districts: Mr. L. Holman, Secretary; Mr. F. J. Ball, Managing Director.

(4) The South Kent Water Company supplying part of Tonbridge Rural District: Officials same as for Mid-Kent.

(5) Tonbridge Waterworks Company, supplying Tonbridge Urban District and part of Tonbridge Rural District: Mr. T. Muir Thomson. Managing Director.

(6) Tunbridge Wells Corporation, supplying part of Tonbridge Rural District: Mr. H. P. Bishop, M.I.C.E., C.E., etc., Waterworks Engineer.

(7) Southborough Urban District Council, supplying Southborough Urban District and the Parish of Bidborough in Tonbridge Rural District: Mr. Thomas Keeler, Waterworks Engineer.

(8) Tenterden Rural District Council, supplying the Parishes of Stone and Wittersham in the said District: Mr. Gilbert Turner, Surveyor and Waterworks Manager.

All the above Public Water Concerns, with the exception of Tunbridge Wells Corporation, have given definite undertakings to comply with the above recommendations of the Medical Officer of Health.

### **Pollution of the River Medway.**

Dr. J. O. Murray, Medical Officer of Health to the City of Rochester, and Dr. E. R. Jones, of the Kent County Council, made detailed enquiries regarding points of potential pollution on the Medway and its tributaries. I gave them all the information collected in my past Annual Reports.

Dr. E. R. Jones made detailed enquiries regarding points of potential pollution on the Medway and its tributaries. I informed him that the Maidstone Rural District Council had schemes in hand with regard to the drainage of Yalding and the neighbourhood of Loose. He raised the question of the pollution at Bow Bridge, Nettlestead, which had been the occasion of discussions with Malling Rural District Council in the past. I assured Dr. Jones that my Councils would be quite willing to do their duty provided the adjoining Authorities were prepared to work in co-operation.

### **Upper Medway Sewerage Board.**

Initiated by the Kent County Council, an important conference of Authorities on the Upper reaches of the Medway was held at the Castle, Tonbridge, on the 15th March, 1937. With regard to disposal of sewage effluent these Authorities are greatly handicapped compared with Maidstone Rural District Council. Take, for instance, Tunbridge Wells Corporation, which has two large sewage disposal works or farms, both of which discharge into very small tributaries of the River Medway. The proposal, in favour of which the Medical Officer of Health spoke, is that the towns of Edenbridge, Tonbridge, Tunbridge Wells and Southborough, with adjoining districts, should unite to form one Sewerage Authority for the Upper Medway.

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS.  
HOP-PICKING SEASON, 1937.

Ministry of Agriculture Statistics.

The following statement officially supplied by the Ministry of Agriculture shows the estimated total production of hops during the years 1936 and 1937 in each county of England:—

Counties, &c.		Estimated Total Produce		Acreage returned in June		Estimated Average Yield per Acre	
		1937	1936	1937	1936	1937	1936
		Cwt.	Cwt.	Acres	Acres	Cwt.	Cwt.
Kent	East ...	29,800	34,000	1,864	1,990	16.0	17.1
	Mid. ...	43,600	46,600	3,092	3,032	14.1	14.9
	Weald ...	56,300	70,200	4,961	5,084	11.3	13.8
	Total, Kent	129,700	150,800	9,917	10,106	13.1	14.9
Hants	... ..	7,500	7,100	558	556	13.3	12.7
Surrey	... ..	1,300	1,700	112	115	11.6	14.4
Sussex	... ..	18,900	24,200	1,583	1,586	11.9	15.2
Hereford	... ..	55,000	45,000	4,039	3,994	13.6	11.3
Worcester	... ..	22,000	22,300	1,818	1,894	12.0	11.8
Other Counties*	... ..	600	900	66	66	9.5	13.0
Total ...		235,000	252,000	18,093	18,317	13.0	13.7

\* Salop, Gloucester, and Berkshire.

NOTE.—The total acreage under hops returned in 1937 by occupiers of agricultural holdings exceeding one acre in extent was slightly less than that of the preceding year. In Kent, which again returned more than half the total hop acreage, there was a decrease of 189 acres.

The weather conditions throughout the whole of the season were generally favourable and the quality of the crop very good. Very little disease was reported. The area left unpicked was estimated to be 31 acres as compared with 1,122 acres in the previous year.

The Ministry of Agriculture, in accordance with arrangements made, kindly supplies official statistics each year respecting the acreage of hops in each of the following Districts in South-West Kent. There was a decrease of 140¼ acres compared with the 1936 figure:—

Total for Kent County		1937 Acres 9,917	1936 Acres 10,106	1935 Acres 10,142
Cranbrook Rural District	...	1,700	1,775½	1,775
Maidstone Rural District	...	2,126	2,180¾	2,146
Tenterden Rural District	...	357	365	377
Tonbridge Rural District	...	1,822	1,820¼	1,871
Tenterden Borough	... ..	140	143¾	143
		6,145	6,285¼	6,312



**Ministry of Health Inspections.**

As in past seasons, Medical Officers of the Ministry of Health made intensive inspections of hop-picker dwellings throughout Cranbrook, Maidstone, and Tonbridge Rural Districts.

On August 26th, 1937, Dr. Conor J. Donelan conferred with your Medical Officer of Health at the Castle, Tonbridge, regarding arrangements for the season. The changes in the staff of Inspectors during the year was reported. In Cranbrook Rural District, Inspectors Watts and Smith succeeded Mr. John Henry Bailey upon his superannuated retirement. The Assistant Inspector to Mr. Sedgwick for Maidstone Rural District, who was promoted to Gillingham, was succeeded by an officer of the same name, Mr. W. J. Davies. In Tonbridge Rural District, Inspector May and his assistant, Mr. Hughes, were appointed in succession to Mr. Miller, whose energies are now devoted entirely to the post of Engineer and Surveyor. The revised series of model byelaws, copies of which were forwarded to the local authorities by the Ministry of Health, were discussed. The draft byelaws have been submitted to the Kent Branch of the Rural District Councils' Association, which has made certain recommendations. Following this, Dr. Donelan held a meeting of the Kent Inspectors, when all the points relating to the new byelaws were discussed. Dr. Jones, Deputy County M.O., and your M.O.H. attended. It is understood that the model byelaws are now under review by the Ministry and that revised models will be issued at a later date.

Dr. Donelan made a tour of inspection of a good many hop-picker camps in the Area, and the following programme of visits was carried out:—

Cranbrook R.D., 1st and 15th September.—On the 1st September Dr. Donelan was accompanied by Dr. Ponder, County M.O.H., and Col. Campbell, Air Raid Precautions Expert. Your M.O.H. and Sanitary Inspectors were present at all the inspections.

Maidstone R.D., 31st August, 10th, 13th and 16th September.—On 31st August Dr. Beattie, of the Ministry of Health, made inspections with Dr. Donelan. On 13th September Dr. Donelan was accompanied by Dr. Elliott, an Assistant Medical Officer of the Kent County Council. On each day the M.O.H. and Sanitary Inspectors accompanied the doctors.

Tonbridge R.D., 30th August and 11th September.—On 30th August Dr. Beattie, of the Ministry of Health, made inspections with Dr. Donelan. The M.O.H., together with Inspector May, accompanied Dr. Donelan on both days.

**Baby Show.**

A Hop-pickers' Baby Show, which was the first of its kind, was held at the Recreation Ground, Paddock Wood, on the 11th September, and attracted a large number of entries. Mrs. Ballard, Secretary of the Child Welfare Committee together with Mrs. Claridge, Nurse Costin and the many workers are to be congratulated upon the very successful first hop-pickers' baby show. Lady Campbell accompanied by Sir Edward Campbell, M.P. for Bromley and Parliamentary Secretary to the Minister of Health were piped on to the beautiful Pavilion by Piper MacDonald



of Etchingam. In competition with the babies' chorus the M.O.H. introduced Lady Campbell. She remarked upon the healthy appearance of the bonny little Britons. Sir Edward Campbell spoke also upon their experiences on bringing up a family of seven. Sir Edward is from a fighting stock, there being two Admirals in his family, one the famous holder of the Victoria Cross. Sir Edward told how keen his chief, Sir Kingsley Wood, is upon gradually getting the conditions for the hop-pickers improved. At the request of the committee, the M.O.H. sent the following telegram to the Minister of Health:—

“Good cheer to you, Sir Kingsley Wood, our Minister of Health, and fifty thousand thank-you's from the Kent hop-pickers for giving us better living conditions. Sent on behalf of pickers assembled at Paddock Wood.”

A reply was received as follows:—

“Many thanks for your telegram. Please thank my friends the hop-pickers for their encouraging message which I much appreciate. I hope they are having a most successful season.”

This very successful gathering of young London hop-pickers and their mothers was organised by the Paddock Wood Child Welfare Committee of the Tonbridge Rural District Council.

The following extracts are given from the reports of the Sanitary Inspectors for the various Districts:—

#### CRANBROOK RURAL DISTRICT: INSPECTOR WATTS' REPORT.

(No. 1 Sub-District, including the Parishes of Cranbrook, Benenden and Frittenden.)

Prior to the commencement of picking, all farms were visited and farmers personally interviewed regarding improvements where found necessary. The following improvements were effected: New huts, 58; huts repaired and made watertight, approximately 300; cookhouse fires provided, 19; latrines provided, 24; main water to replace wells, 2; water supply improved, 3; large communal drying and cooking shed, 1.

Huts.—Generally speaking, cleansing had been carried out satisfactorily. In many cases earth floors below ground level were noted and it is hoped to rectify this before next season. Huts at several farms were unsatisfactory.

Latrines.—Labelling most unsatisfactory. Trenching very variable. Cleanliness in most instances good, and regular attention given to cleansing of seats.

Cookhouse Accommodation.—With few exceptions found to be up to byelaw standard and in spite of fine weather was in general use.

Scavenging.—Reasonable. No doubt the fine weather assisted in this matter.

Water Supplies.—Fifty per cent. of the farms derive their supplies from wells and springs. Many of the sources of supply are a considerable distance from the camps and liable to pollution if pickers are careless. It is hoped to effect improvements before next season.

On the 1st September an inspection of the camps was made by Dr. Donelan, Dr. Ponder and Dr. Galbraith. Morning visits were mostly to farms previously listed by Dr. Donelan as requiring improvement and to those I myself had found to be poor. Several of the worst farms had been entirely reconstructed since Dr. Donelan's previous visit and were found to be satisfactory. Upon the completion of picking, farmers will be informed of all causes for complaint so that ample time will be available before next season to carry out the work.

#### CRANBROOK RURAL DISTRICT: INSPECTOR SMITH'S REPORT.

(No. 2 Sub-District, including the Parishes of Goudhurst, Hawkhurst and Sandhurst.)

Number of hop-pickers' encampments, 53; number of huts, 2,175; number of new huts, 80; number of cookhouse fires, 423; number of new fireplaces, 14; number of latrines, 392; number of new latrines, 121; number of camps supplied with Cranbrook Water Company's water, 29; number with private estate supplies piped to the camps, 4; number of huts supplied with company's main or private estate supplies, 73 per cent., 1,601.



Huts.—The condition of the huts was generally very good and only a few very minor repairs were carried out during the season.

Latrines.—Fifty-eight of the new latrines were in three farms under one ownership. The daily cleansing of privies was not carried out at most camps.

Scavenging.—This was not very satisfactory at a few camps.

Water Supplies.—Twenty camps are supplied with water from springs and wells, four of which are unsatisfactory. On one farm with 13 huts, mains water replaced well water, and on two farms of 27 huts the water supply was improved.

Three camps were reported to the Council for contravention of the byelaws, but no action was taken.

#### MAIDSTONE RURAL DISTRICT: INSPECTOR SEDGWICK'S REPORT.

The hop-picking season of 1937 was short and fine, and I am pleased to report that there were no very serious infringements of your byelaws.

The whole of the camps in your Council's area were visited by your Inspectors during the time of occupation, and on August 31st, September 10th, 13th and 16th, Dr. C. J. Donelan made inspections of 34 camps.

Minor infringements of the byelaws were found on the following 17 farms, and in each case notices were handed or posted to the grower calling his attention to the matter. In nine of these cases, which I have marked (\*), the defects were remedied, and in the remaining eight picking finished before second visits could be made:—East Farleigh: \*Gallants Farm, Mr. S. May; \*Parsonage Farm, Mr. S. May; \*Court Lodge Farm, Mr. Noakes. Linton: \*Court Lodge Farm, Mr. C. Kennard. Marden: \*Mockbeggar Farm, Mr. Reader; Long Ends Farm, Mrs. Russell; Brook Farm, Fox Ltd.; Lt. Sheephurst Farm, Mr. P. H. Tompsett; Allingham Farm, Mr. C. Carpenter; \*Manor Farm, Mr. Highwood. Otham: \*Otham Lodge, Mr. E. H. Chambers. Yalding: \*Downs House Farm, Capt. R. Norton; Martin's Farm, Messrs. Gaskain & Levett; \*Nettlestead House Farm, Mr. Gilbert; Den Farm, Mr. Tompsett; \*Rugmore Farm, Mr. Collins. Staplehurst: Mathurst Farm, Mr. Clark.

Since last season 244 new huts have been erected, as against 248 in the previous year.

There was marked improvement in the cleanliness of the camps this year and it was evident that most of the growers were carrying out the byelaws by daily scavenging.

In regard to the fruit-pickers' encampment at Reed Court, Marden, about which I reported adversely to your Council on August 19th last, I visited this camp on the 31st ultimo, when I found all the huts closed in accordance with your Council's request to the owner.

Four cases of infectious disease were notified during hop-picking, all of which were visitors.

#### TONBRIDGE RURAL DISTRICT: INSPECTOR MAY'S REPORT.

Hop-picking commenced on the 31st August and was completed by the 18th September—a total duration of 19 days.

In the District, 87 camps were in use, providing accommodation for approximately 13,500 people. Prior to occupation, notices were affixed in conspicuous positions at each camp summarising the provisions of the Council's byelaws, also slips were posted in connection with latrine accommodation and general safety precautions.

Ministry of Health Inspection.—On Monday, the 30th August, and Saturday, the 11th September, formal visits were made by a Ministry of Health Inspector, Dr. C. J. Donelan, who, accompanied by your Medical Officer and Inspector, toured approximately half the camps in the District. The influx of pickers began on the Saturday and Sunday immediately preceding the initial visit, and by the Monday many of the camps were fully occupied.

Dr. Donelan expressed satisfaction with the sleeping quarters provided, but it was found that the latrines, even where well constructed, were being fouled; and further, in many instances, cookhouse accommodation was not being used. Consideration was given to these matters, and in the case of the former, the view was held that fear of venereal disease or the dilapidated structures which deprived users of privacy were both large contributory factors.

Latrine Accommodation.—In consequence of these findings, a model latrine was constructed for demonstration purposes, and its use during the last week of the season resulted in orders being given for eleven closets of that type. Two of these



were actually in use during the latter days of the season and the results were distinctly encouraging.

**Cookhouse Accommodation.**—Adverting to the question of cookhouse accommodation, observations were made at those camps where the five new cookhouses, reported in my previous report to the Health and Housing Committee on the 29th July, 1937, had been in use. These were of the type recommended in the Ministry of Health's pamphlet and were found to be freely and readily used by the pickers. This type of accommodation is comparatively cheap and amply satisfies the requirements for the drying of clothes and other articles as well. Escape of volumes of smoke into the cookhouse itself is permitted by many of the other cookhouses, but this difficulty is surmounted where the model type are in use.

**Camp Scavenging.**—As in previous years, all camps were regularly patrolled by two Council employees. These men carried out this work efficiently, as well as all bill-posting referred to in a previous paragraph. The value of this patrolling was well illustrated at Castlemaine Farm, Horsmonden, where, owing to a strike, the scavenging arrangements were completely disorganised; the resulting chaos confirmed the need for strict supervision. To facilitate the frequent calls to individual camps, motor-cycles were used by the two employees concerned.

**Infectious Disease.**—Six cases of diphtheria and two of scarlet fever were notified amongst pickers. These cases were removed to the Isolation Hospital, Capel, all contacts being returned home and the vacated huts disinfected. The Medical Officers of Health for the several districts to which contacts returned were notified in each instance.

**Food Inspection.**—Inspections were made of food offered for sale at stalls erected at Tudeley, Whetstead, Paddock Wood and Horsmonden. Travelling roundsmen were stopped and their goods examined.

**Overcrowding.**—Three complaints were made as to alleged overcrowding, but on investigation, proved to be unfounded.

**Anonymous Complaint.**—A copy of an anonymous letter addressed to the Secretary of the Children's Care Committee, County Hall, Westminster, postmark dated 29th July, 1937, was forwarded to Dr. Galbraith. This complaint referred to conditions at a farm in Brenchley parish, and in particular drew attention to the condition of earth floors to the huts, overcrowding of sleeping quarters and alleged unfairness of weighing fruit. As the camp referred to was subsequently used for housing hop-pickers as well as fruit-pickers, reference is made to the result of inspection. Conditions proved to be reasonably satisfactory with the exception of defects to the cookhouse accommodation. To this latter attention was drawn. People found to be in occupation were questioned as to the general conditions and appeared to be content. In view of the anonymity of the complaint and of the conditions revealed by inspection, I do not think that great significance need be attached to it.

**Fire Outbreaks.**—Two extensive fires occurred, one at Postern Park and the other at Gonerils Farm, both being in the parish of Capel. In the former a double row of corrugated iron huts on timber framing, comprising in all twelve compartments, were totally destroyed. Fortunately no one was in occupation at the time and no loss of life or injury to person resulted. The second outbreak, involving nine huts, was similar and the loss again confined to the huts themselves and the personal belongings of the occupants. Both these outbreaks were carefully investigated and every effort made to incriminate the responsible factor. Suspicion ultimately rested on the careless use of Primus or other similar oil stoves. The popularity of these is ever increasing, and any negligence or thoughtlessness during their use in sleeping quarters may quite feasibly result in fire, with the attendant risk of injury or even death to human beings. This practice is discouraged wherever possible.

The best work in the preventive line that can be done appears to be persuasion of farmers to erect cookhouses which are likely to be used, i.e. properly constructed to the details of those illustrated in the Ministry of Health's pamphlet.

The owners of seven camps were warned that unless certain defects are remedied further action will be taken. The defects concerned referred to latrine accommodation, defective huts, unventilated two-storey lodgings, dilapidated cookhouses and inaccessible water supply. In four of these cases the owners have intimated their intention to proceed with the necessary work.

During the year the following new work took place in addition to many minor improvements: Number of new lodgings erected, 131; number of new latrines provided, 15; number of new cookhouses, 9 (single 5, double 4).



**Infectious Disease.**

On the recommendation of Ministry of Health officials, similar arrangements for dealing with disease were adopted during the 1937 season, whereby the services of the local parish doctors were made available to the voluntary dispensaries concerning non-infectious or accident cases, and in connection with doubtful or suspected infectious disease cases the isolation hospital doctor's services could be called upon when the Medical Officer of Health was not available.

Circular letters setting out the necessary information with regard to the above facilities were sent out to the local doctors and voluntary dispensaries in South-West Kent by your M.O.H. The services of the Tonbridge Health Nurse were also offered to the dispensaries, which she visited on several occasions. The various voluntary dispensaries run by the British Red Cross Society were also visited by the M.O.H.

The Marden Hoppers' Hospital, which has been handed over to the Salvation Army by Mrs. J. A. Spender, was also visited by the M.O.H., who found the hospital excellently equipped, a fully qualified doctor being stationed there, together with the matron, who had been in charge for the last eight years, also the nurses and voluntary helpers. The medical hut at Tanyard Farm, fully equipped, also managed by Mrs. Spender, has been given to the Kent Branch of the British Red Cross Society. This was in charge of Miss Ramsay, assisted by a trained nurse. Miss Batten, the Assistant County Organiser of the B.R.C.S., communicated with the M.O.H. regarding medical arrangements, who sent a copy of the circular giving full information.

The total cases of infectious disease occurring amongst hop-pickers in South-West Kent in 1937 was 24; of these, 15 were notified from farms in South-West Kent and 9 were reported by Metropolitan Medical Officers of Health as having developed on return to London. Of the total, 9 were scarlet fever, 14 diphtheria, and 1 enteric fever. One of the diphtheria cases proved fatal.

Cranbrook R.D.—Occurring on farms: diphtheria 2. Occurring on return to London: enteric fever 1.

Maidstone R.D.—Occurring on farms: scarlet fever 3, diphtheria 2. Occurring on return to London: scarlet fever 1, diphtheria 3.

Tonbridge R.D.—Occurring on farms: scarlet fever 2, diphtheria 6 (one fatal). Occurring on return to London: scarlet fever 3, diphtheria 1.

Two contacts to London cases (one scarlet fever and one diphtheria) came down to hopfields in Tonbridge Rural District. The scarlet fever contact was visited by the Tonbridge Health Nurse on a farm at Matfield, and swabbed for diphtheria and haemolytic streptococcus, which proved negative.

The diphtheria contact was notified by the M.O.H. of Chelsea in the first place to the Kent County M.O.H. to have proceeded to a farm at Paddock Wood. Dr. Ponder passed on his letter to me and no information was given as to the actual farm to which the contact had gone. Paddock Wood being a very large centre for hop-picking, the Chelsea Health Department was telephoned for fuller information. It was later ascertained to which farm the child in care of a neighbour had arrived.



The Health Nurse visited at once and reported that the child was suffering from a suspicious nasal discharge; she attended at the local voluntary dispensary; the neighbour in charge was not aware that the child had been in contact with a case of diphtheria. The Chelsea M.O.H. was again telephoned and requested that the child's mother be sent down to take her home. Throat and nasal swabs were taken by the Health Nurse. These were reported upon, throat negative and nasal positive. Arrangements were made for the child to be removed to our local Isolation Hospital, but when the ambulance called to fetch the child it was found she had been taken home by private car fifteen minutes earlier. The Chelsea Health Department telephoned to the effect that the parent had arranged to fetch the child and on her return to London she was admitted to the L.C.C. Fever Hospital suffering from nasal diphtheria.

Only one other case occurred on the farm where the above child was hop-picking, and the Chelsea M.O.H. was asked for information as to how this contact was allowed to come to the hopfields. He replied that this child had left for the hopfields four days prior to the London case being notified, when the Kent County M.O.H. was immediately notified, though the exact address was not given, as the mother was then unable to supply it.

The Chief Medical Officer to the London County Council, Sir Frederick Menzies, after consultation with the Kent County Medical Officer, again issued special leaflets which were distributed to intending hop-pickers, advising regarding infectious disease precautions and discouraging unauthorised visitors who overcrowd the huts at the week-ends.

**Table IX.—Showing the Seasonal Incidence of all Cases of Infectious Disease as Affected by Hop-picking in the South-West Kent Area.**

	Scarlet Fever	Diphtheria.	Pneumonia	Erysipelas	TOTAL
January ... ..	10	9	9	2	30
February ... ..	8	8	6	2	24
March ... ..	7	2	3	2	14
April ... ..	9	1	9	4	23
May ... ..	8	3	2	1	14
June ... ..	8	3	4	1	16
July ... ..	9	1	...	2	12
August ... ..	4	7	2	...	13
<b>September</b> ... ..	<b>11</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>28</b>
October ... ..	14	7	3	3	27
November ... ..	7	...	2	2	11
December ... ..	10	1	4	2	17
	105	55	45	24	229

The above table is given at the request of the Ministry of Health and indicates the effect, if any, of the hop-picking and fruit-picking industries upon the health of the Area.



**Non-Infectious Diseases : Work of Voluntary Organisations.**

The following interesting report, made by Col. A. Chopping, C.M.G., Hon. Medical Adviser to the Hop-pickers' Medical Treatment Board, has been received from the Secretary of the Kent Council of Social Service.

The good work done by the officials, doctors, nurses and workers at the voluntary dispensaries continues to increase and is efficiently carried out. Officers of the local authorities do actively co-operate with them to the benefit of all concerned, especially the pickers. The statistics contained in the report cover the whole of Kent, but the majority of the dispensaries are in the South-West Kent Area, which, as stated earlier in this report, has 6,145 acres out of a total of 9,917 for the whole of Kent County. The following organisations are mentioned in the Colonel's report: British Red Cross Society (London Branch, under Miss Chenevix Trench, Hon. County Secretary), the Church of England Mission to Hop-pickers, and the Hop-pickers' Hospital, Marden.

**HOP-PICKERS' MEDICAL TREATMENT BOARD.**

Ladies and Gentlemen,

I have the honour to submit a short report of my visits to the voluntary medical organisations carrying out first-aid and medical work amongst the hop-pickers and of their work for the season of 1937. Your Chairman, Colonel A. S. Barham, C.M.G., accompanied me on most of my visits.

I do not propose, this year, to deal with each voluntary medical organisation separately, but only to mention those points which were brought to my notice, or which I recommended during my visits.

The work of the various organisations is very efficiently carried out and greatly appreciated by the hop-pickers. The dispensaries are located in positions convenient for the pickers and are sufficiently equipped with surgical appliances, surgical dressings and medicines to enable the nurses to carry out most valuable work.

I am unable, this year, to place before you a correct return of the number of patients treated by your voluntary medical units, due to the fact that two reports have not been received. The returns which have reached me show that there were over 34,000 attendances for treatment. This figure should be somewhat higher, but compares very favourably with that of 1936.

The reports show the following: (1) Camps looked after, 329. (2) New patients (those attending for the first time), 9,456. (3) Attendances or treatments, 25,016. (4) Transferred to hospital for further treatment, 145.

In order that you may be able to compare the above figures with those of the last five years, they are given below:—

	1933	1934	1935	1936	1937
Camps served ... ..	225	334	338	320	329
Patients treated:					
1. New patients (those attending for first time)	7,883	9,929	9,974	10,271	9,456
2. Attendances or treatments ... ..	17,939	24,341	23,153	24,998	25,016
3. Transferred to hospital for further treatment	148	208	152	123	145

In addition to the above, the returns received show that 2 hospitals and 60 dispensaries were functioning in the area, an increase of 5 dispensaries over last year. Also that 8 doctors, 5 medical students, 38 trained nurses, 67 partly trained nurses, and 8 others were working in the dispensaries or at the headquarters of their units.

The season of 1937 was a comparatively healthy one. A few cases of infectious disease occurred, which were promptly dealt with and did not spread.

I was informed that the present arrangements for the transport of sick and injured worked smoothly and that no difficulty was experienced in obtaining admission of patients requiring hospital treatment to local medical institutions.

I very much regret that this season is the last during which Mr. and Mrs. Spender, who have left the Marden district, will take an active part in the welfare of the hop-pickers. The dispensary at Tanyard Farm has been handed over to the Kent Branch 36, British Red Cross Society, and the Hop-pickers' Hospital, Marden, to the Salvation Army. The work which Mr. and Mrs. Spender have carried on with great devotion of time and money for a number of years has been of great service to the



hop-pickers, and I cannot let it close without a grateful acknowledgment of all that they have done.

In addition to Tanyard Farm, the Kent Branch of the British Red Cross Society have taken over the dispensaries at Iden Green, Benenden, and Gills Green, Hawkhurst, from the Hop-pickers' Mission for the Weald of Kent. This is additional to their work in connection with the Church of England Temperance Society Mission to Hop-pickers.

#### COMMENTS AND SUGGESTIONS.

(1) British Red Cross Society, London Branch.—Buston Manor: A concrete floor has been laid down in the treatment room; it is, however, cold and difficult to keep clean and I recommend that a wooden floor should be laid over it. I also recommend that the outer door of the treatment room should be closed permanently to keep the curious children out, and that the upper half of the door should be converted into a window, without which there would be no light in the room. A small skylight in the centre of the roof would be of great advantage and improve the present defective lighting. Collier Street: I recommend that when funds permit this dispensary be moved further down the road to a position somewhere near the Prince of Wales public-house, which is more central.

(2) British Red Cross Society, Kent Branch.—Iden Green, Benenden: I recommend that this dispensary be moved to a more central position, nearer the hop-gardens. At present it is used only to a small extent by the pickers, owing to its distance from their camps. Should it not be possible to find a suitable position for the dispensary, daily visits might be made to the camps by the nurses. I also recommend that printed notices be displayed outside the dispensary stating the times it is open to receive patients. Gills Green, Hawkhurst: Only 19 new patients attended and 29 treatments were carried out at this dispensary during the season under review. I do not consider that a dispensary with its staff should be maintained for the treatment of so small a number of patients. Therefore I recommend that it be closed and re-opened in a more suitable position nearer the pickers' camps. I was informed that there are several camps in this area requiring medical attention.

(3) Church of England Mission to Hop-pickers.—Paddock Wood: I was informed by the Vicar of Paddock Wood that he had handed over the dispensary in the Parochial Hall to the Rev. Shaw, a former Vicar of Paddock Wood. He also informed me that it had severed its connection with the Church of England Mission to Hop-pickers. He stated that he had set up a small dispensary of his own near Paddock Wood, but was unable to show it to me as the nurse in charge was visiting camps and had taken the key of the dispensary with her. The dispensary in the Parochial Hall was closed when I visited it. Flimwell: A useful dispensary. Two trained nurses and several other helpers. The sanitary condition round the huts was not satisfactory and I recommend that they be moved further from the pickers' camp. I suggest that a suitable site could be found in the meadows adjoining the farm buildings.

(4) Church of England Temperance Society Mission to Hop-pickers.—The work of this Mission has been developed considerably this season. Three new huts have been opened at Deanery Farm, Chartham, Syndale, and Gosmere. Other dispensaries have been opened in huts loaned by the hop-growers. The new huts are well built, of a convenient type and suitably equipped for carrying out the treatment of patients. This is a very progressive Mission. The Secretary informed me that he was hoping to do away with dispensaries in hop-pickers' huts, as much as possible, and to establish separate dispensary buildings instead, as experience had taught him that a separate building has many advantages. He also stated that, when funds permit, he wanted to have new erections in four convenient centres.

(5) Crowhurst Mission.—A sub-surgery in charge of a member of the Mission was opened this season at Kent House Farm. He worked in collaboration with the medical staff at Crowhurst.

(6) Hop-pickers' Hospital, Marden.—This hospital has been taken over by the Salvation Army. It was working as usual this year with the help of Mr. and Mrs. Spender. I was informed that from the end of this season Mr. and Mrs. Spender will cease to take an active part in its management.

In conclusion, I wish to again thank the ladies and gentlemen of the voluntary medical organisations working in the hop-gardens for their kindness and courtesy shown to me on my visits.

“Braiswick,” Hythe, Kent.  
2nd February, 1938.

A. CHOPPING, Colonel.



**CRANBROOK RURAL DISTRICT.****1937 HEALTH REPORT.****General Statistics.**

Area (acres) ... ..	41,315
Population (Census 1931) ... ..	12,927
Population (Registrar-General's estimate mid-year 1937) ...	13,290
Rateable Value ... ..	£75,779
Sum represented by a penny rate ... ..	£286
Number of inhabited houses (end of 1937) according to Rate Books ... ..	4,068

**Extracts from Vital Statistics of the Year.**

				Total.	Male.	Female.	
Live	Legitimate	...	...	167	84	83	
Births	Illegitimate	...	...	7	4	3	
				<hr/> 174	<hr/> 88	<hr/> 86	
Birth-rate per 1,000 of the estimated resident population ... ..							13.1
Still-	Legitimate	...	...	5	3	2	
births	Illegitimate	...	...	—	—	—	
				<hr/> 5	<hr/> 3	<hr/> 2	
Stillbirth-rate per 1,000 of total (live and still) births ... ..							28.0
Deaths ... ..				192	102	90	
Death-rate per 1,000 of the estimated resident population ... ..							14.5
Deaths from puerperal causes ... ..							<i>Nil</i>
Death-rate of infants under one year of age:—							
All infants per 1,000 live births ... ..							34.5
Legitimate infants per 1,000 legitimate live births ... ..							35.9
Illegitimate infants per 1,000 illegitimate live births ... ..							00.0
The actual number of infants deaths was ... ..							6
Deaths from cancer (all ages) ... ..							29
Deaths from measles (all ages) ... ..							0
Deaths from whooping cough (all ages) ... ..							0
Deaths from diarrhoea (under two years of age) ... ..							2

**SANITARY CIRCUMSTANCES OF THE DISTRICT.****Water Supplies.**

Cranbrook and District Water Company.—At the request of several ratepayers the M.O.H. met them at Hawkhurst on the 12th July. Many complaints were heard regarding the quality of water recently supplied by the Company. Correspondence with Mr. Murton-Neale, the Secretary, was read, in which it was shown that the recent bad quality was due to the chemical treatment and scouring of the water mains. The Company has appointed a new works manager named Mr. Alsford.

The following are reports of chemical and bacteriological analyses upon a sample taken on 30th November, 1937, supplied by the Cranbrook Water Company:—

CHEMICAL RESULTS (in parts per 100,000).					
Appearance	...	...	...	...	Clear and bright.
Colour	...	...	...	...	Normal.
Reaction pH	...	...	...	...	Neutral: 6.8
Electric Conductivity at 20° C.	...	...	...	...	310
Total Solids, 180° C.	...	...	...	...	21.0
Chlorine in Chlorides	...	...	...	...	2.8
Nitrogen in Nitrates	...	...	...	...	Nil.
Hardness: Permanent 5.5, Temporary 4.5, Total	...	...	...	...	10.0
Metals	...	...	...	...	Iron: 0.010
Free Ammonia	...	...	...	...	0.0000
Albuminoid Ammonia	...	...	...	...	0.0000
Oxygen absorbed in 4 hrs. at 80° F.	...	...	...	...	0.000

Odour: Nil  
Free Carbonic Acid: 1.2  
Nitrites: Absent  
Manganese, Zinc, etc: Absent  
Ammoniacal Nitrogen —  
Albuminoid Nitrogen —

#### BACTERIOLOGICAL RESULTS.

Number of Bacteria per c.c. or ml.:					
On Agar in 3 days at 20° C.	...	...	...	...	2
1 day at 37° C.	...	...	...	...	1
2 days at 37° C.	...	...	...	...	1
The Bacillus Coli	...	...	...	...	Present in —
Bacillus Welchii (B. Enteritidis Sporogenes)	...	...	...	...	Present in —

#### REPORT.

This is a clear and bright water, of normal colour, neutral reaction and containing a trace of Free Carbonic Acid. The water contains no excess of saline matter, is of very moderate hardness, free from metals, with the exception of a negligible trace of Iron, and is of a high degree of organic and bacterial quality. It is a pure and wholesome water, suitable for drinking and domestic purposes.

### A MILLION GALLONS OF WATER STORED AT HARTLEY, CRANBROOK.

A million gallons of water will be stored in the reservoir here pictured, which Messrs. W. P. Woodgate, of High Halden and Cranbrook, are erecting at Hartley for the Cranbrook and District Water Company.

The Company serves a wide area extending from Goudhurst to Tenterden, and the present rate of consumption is between four and five hundred thousand gallons a day, so that a million gallons represents only two days' supply.

The existing reservoir, which is the only bulk storage with a capacity of 188,000 gallons, has been in service since 1898. It was built of mass concrete and some of its retaining walls are over 8ft. thick. The new structure, which adjoins it, has walls only a foot in thickness, but it is stoutly built of reinforced concrete, and over 60 tons of steel rods have gone into its construction. It covers an area of 110 square feet, being 16ft. 6in. in depth, with a water level of 13ft. 6in. A feature of the design is that there are no beams in the roof, the whole of the roof slab being carried on 36 reinforced concrete pillars.

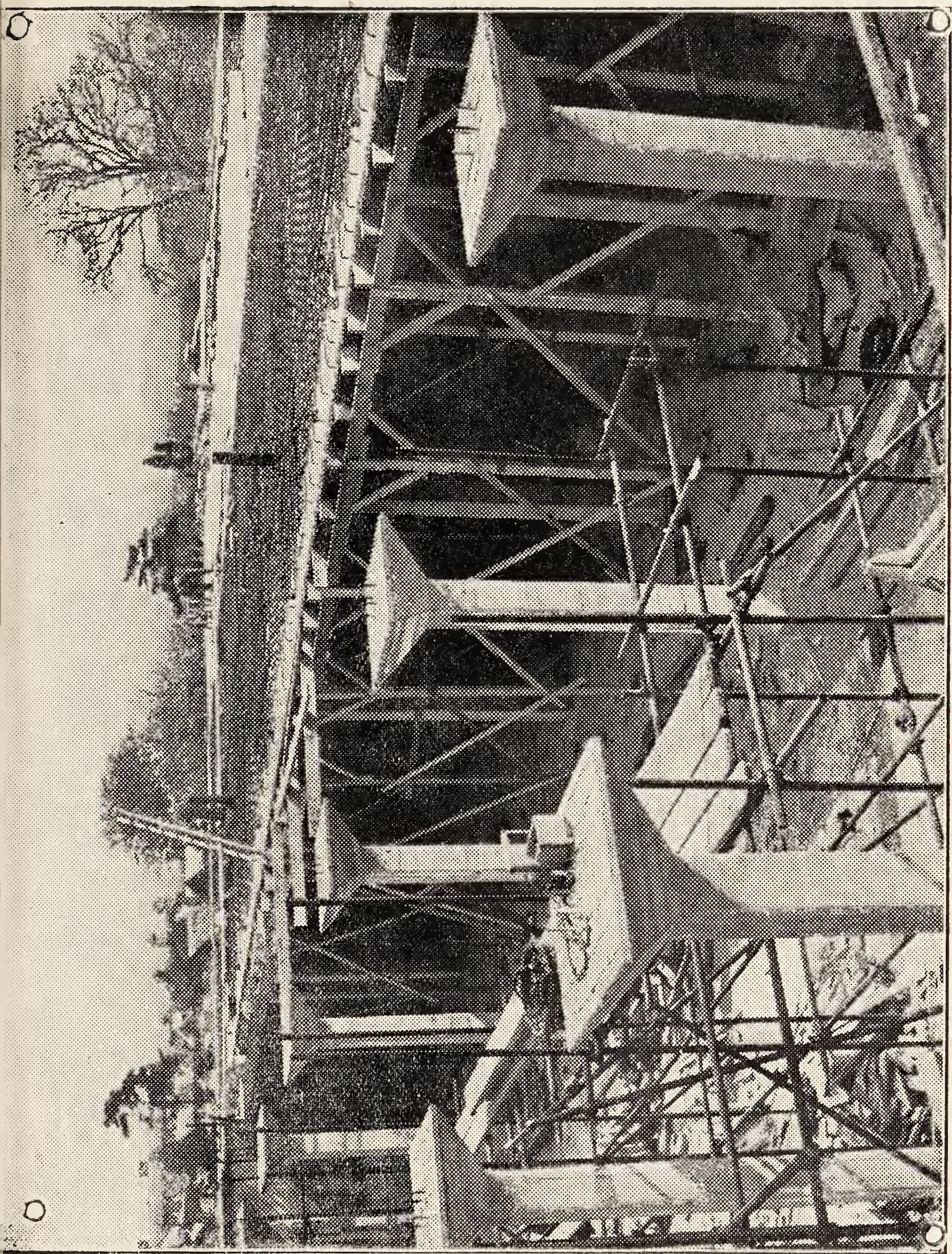
The site at Hartley is the highest point in the Weald, 450ft. above sea level. The tower of the defunct Cranbrook airlight, a stone's throw away, was pulled down when building began last autumn.

The contractors, who secured the job in competition with many other notable firms, have been favoured with good weather, and the work has gone ahead apace. Mr. C. A. Alsford, M.I.E.C., the Water Company's engineer and inspector, has been in charge of the scheme, while the plans and specifications were prepared by the Indented Bar and Concrete Engineering Company, of Westminster. Mr. W. J. Pearson, L.B., has been acting as general foreman and clerk of the works for Messrs. Woodgate.

Inspections of the works have been made by Dr. S. Nicol Galbraith, M.O.H., South-West Kent, and Inspector Watts, of Cranbrook Rural District Council.



**NEW RESERVOIR AT CRANBROOK.**



[By courtesy of the "Kent and Sussex Courier"]



**New Reservoir at Hartley.**

On the 2nd November, 1937, with Mr. Watts, I made an inspection of the constructional works in connection with the new reservoir. Dated 4th November, 1937, the M.O.H. wrote the Secretary of the Water Company as follows:—

“With reference to our interview of the 2nd inst. with yourself and the new Waterworks Manager, Mr. Alsford, I made an inspection at the site of the new reservoir under construction at Hartley.

“In my opinion it is necessary to provide a flush tank to the water closet at the house, connect the drain to the main sewer, and provide tank-flushed w.c. for the men employed by the Company.

“The existing cesspit which will be covered by the new reservoir must be thoroughly excavated, disinfected and filled up to the satisfaction of my Inspector, Mr. Watts.

“I note from my 1931 Report that the total capacity of your existing reservoir was 188,000 gallons, the estimated population supplied is 25,000 persons and storage available is 18 hours. Kindly let me know the increased capacity you are providing by the new reservoir, the storage it will make available and the number of gallons which will be provided to each person of the population in your supply area.”

Dated 8th November, 1937, the Secretary replied to the M.O.H. as follows:—

“I have your letter of the 4th inst. and have seen Mr. Watts as well upon the matter. He agrees with me that something must be done, even although it may be a temporary matter; and accordingly I am arranging to have a septic tank put in and the matter can then be re-considered when the main drainage is brought near to the reservoir property.

“Mr. Watts mentioned to me that you had written to him about having the joints of the new drain surrounded with concrete. I explained to Mr. Watts that I was very much against this. I thought it would be detrimental to the drain—that he could test the drain as often as he liked—but as the joints were tested and certified to stand a pressure of not less than 100 lbs. to the square inch, and experience showed that, as joints, they would last for very many years and probably outlive the pipes themselves, it seemed useless to put concrete, and further that as the joints were to a certain extent flexible, it would be better to keep the drain flexible rather than rigid, having regard to the immense weight of water which will be stood in the vicinity.

“The question of the water closets is also receiving my attention. The new storage reservoir will contain one million gallons of water, in addition to the 188 thousand gallon reservoir now in existence.”

The piping used was of a patent composition called “Everite.” I consider, as these are carrying sewage near the new reservoir, that not only the joints but the pipes themselves should have been covered with some inches of concrete. In my opinion, cast iron piping with lead caulked joints would have been the safest and more permanent.

**Goudhurst.**—At the Council meeting of the 12th January, 1938, I reported about the drainage of cottages in proximity to the Water Company’s pumping station at Goudhurst. I find that I recently drew the attention of the Company’s Manager to this in August, 1937. Whether it is the responsibility of the Cranbrook Rural District Council or the Cranbrook and District Water Company, it is not for me to decide.

As Medical Officer of Health to the Council I have reported the potential source of contamination to the deep well, and I advise that both bodies do co-operate in dealing with it by providing a drainage scheme for the area indicated.



**Drainage and Sewage Disposal.**

**Cranbrook.**—(a) Windmill Inn and the six cottages adjoining were inspected in relation to sewage disposal. It was found that the drainage from seven sinks, eight water closets, one bath and a large public urinal all reached an open ditch which ran by the side of the Cranbrook College sports grounds. In my opinion this was likely to be injurious to the health of the scholars. I recommended Inspector Watts to arrange for the connection of this drainage to the main sewer. The Council has agreed to this and the work will be completed before next summer season. At the entrance to the College sports grounds, Mr. Robathan, the Bursor, pointed out to us a pond which was untidy from old iron rubbish. Inspector Watts arranged with the K.C.C. for this to be filled up, and when I inspected later the corner was much improved.

(b) Complaint was received regarding an alleged nuisance arising from the Cranbrook Town sewage works. Two inspections were made, but no cause for complaint was found. The stream was running clear and free from any evidence of pollution. The Council is recommended to give consideration to the following matters. The large steel net leaves screen over the filters is reported not to be necessary; this might be removed and its maintenance saved. The attendant, Mr. Wildish, stated that the pump was too small. Following the re-arrangement of labour recommended in the Inspector's special report, these matters might be dealt with.

**Sandhurst.**—With the Councillors, Col. Philips and Miss Harwood, and Inspector, an inspection was made of the sewage disposal works. These were satisfactory, but may require some improvement as more of the houses in the village are connected up to the drainage system.

**Refuse Disposal.**

The Cranbrook scavenging gave rise to complaints and the matter is under consideration.

The refuse disposal scheme for Hawkhurst and Goudhurst was discussed with Inspector Smith. A proposed site for dumping refuse near Hawkhurst was inspected and approved.

**Housing.—No. 1 District.**

With Inspector Watts the following properties were inspected for demolition:—

Bungalow, Furnace Farm, Cranbrook.—This is a damp, dilapidated building. It is situated on the banks of the River Teise and adjoins a very fine old stone bridge. I recommended that the occupants be re-housed and that the owner be given the option of making the dwelling habitable or of demolishing the same.

Woodcock Inn Cottages, Benenden.—These are a pair of old weather-board cottages, dark, damp and dilapidated. We agreed that the occupants be re-housed and the property demolished.

Old brick hopper huts at Golford Gate were also inspected. These had been converted into dwellings under the Housing (Rural Workers) Act. With the white roughcast they looked tidy. In my opinion this Act could be taken advantage of to a greater extent in Cranbrook District.

**Housing.—No. 2 District.**

On the 21st December the following properties were inspected with Mr. Smith:—

Kent Ditch Cottages (two). Demolition agreed. County Court case was heard at Cranbrook on 17th January, 1938, when appeal was dismissed.

Old Bungalow, High Street, Hawkhurst. Demolition agreed.

At Sandhurst a proposed Council housing site was inspected with Councillors Philips and Harwood, and Inspector Smith. It was decided that the site was not suitable for the purpose.

**Statutory Complaints.**

(a) The Clerk reported to the M.O.H. the occupation of hopper huts at Knoxbridge by a young family. The inspector of the Royal Society for the Prevention of Cruelty to Children arranged with the M.O.H. to make an inspection. On the appointed day it was found the family had moved to another District.

(b) Complaint was again received regarding the gipsy vans at Golford Gate. On inspection, conditions were found to be worse as regards the accumulation of old iron and other rubbish. This once picturesque neighbourhood has certainly got into a very untidy state. I recommended the Council to instruct Inspector Watts to take firm action. The attention of the Kent County Council might also be drawn to the obstruction to view caused by the old toll house.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.****Notifiable Diseases during the Year.**

DISEASE	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Scarlet Fever ... ..	24	23	...
Diphtheria ... ..	8	8	...
Pneumonia ... ..	13	1	5
Puerperal Pyrexia ... ..	2	1	...
Erysipelas ... ..	8	...	...
Ac-Anterior Poliomyelitis	1	1	...
	56	34	5



**Scarlet Fever.**—This disease was less prevalent during the year, 1937 having 24 cases compared with 48 cases in 1936 and 41 in 1935. Twenty-three of the cases were admitted to the Cranbrook Joint Hospital and one was isolated at home. The cases occurred in the following parishes: Hawkhurst 18, Cranbrook 3, Goudhurst 2, and Benenden 1. The age-periods of the cases were:—

2—5	5—10	10—15	15—20	20—30	30—35	
<u>4</u>	<u>10</u>	<u>5</u>	<u>1</u>	<u>3</u>	<u>1</u>	= 24

The Hawkhurst School which had most cases was visited four times by the Health Nurse, who inspected all the children and treated their throats with antiseptic. Several exclusions were made for sore throat, and in one case peeling hands; a throat swab of the latter proved positive to haemolytic streptococci, and the child admitted to hospital. In one of the adult cases, it was found that a child of the patient was found to be suffering from impetigo; a swab taken for haemolytic streptococci cultivated a profuse growth. It is possible that the infection in this case was traceable to the child's infective sores. The M.O.H. met Dr. Hitchings regarding one of the cases, and several subsequent visits were made to the contacts.

**Diphtheria.**—Eight cases were notified during 1937, compared with 9 for the previous year. The age-periods were:—

5—10	10—15	15—20	
<u>6</u>	<u>1</u>	<u>1</u>	= 8

They were all admitted to the Cranbrook and Tenterden Joint Hospital; 5 cases occurred in the parish of Cranbrook and 3 in Goudhurst. A special report on the Cranbrook cases is given hereunder:—

REPORT, DATED 16th FEBRUARY, 1937, OF THE MEDICAL OFFICER OF HEALTH ON AN OUTBREAK OF DIPHTHERIA AT THE K.C.C. CRANBROOK CONVALESCENT HOME.

Four cases of diphtheria were notified on the 31st December, 1936, by Dr. Brett, the Medical Officer in charge of the Cranbrook Convalescent Home, and were forthwith removed to the Cranbrook and Tenterden Joint Hospital. Four more cases subsequently developed, details of which are given below.

On the 5th January, 1937, the M.O.H. met Dr. Brett at the Convalescent Home and made investigations regarding the outbreak. It was ascertained that one case, a girl aged 10 years, came from the Tunbridge Wells General Hospital on the 9th September, where she had treatment for abdominal tuberculosis. It was reported that there had been diphtheria cases in the Children's Ward there; possibly this patient may have been a "carrier." The positive swab was reported to be of normal virulence. On enquiry from Dr. Linton, M.O.H., Tunbridge Wells, he stated that no cases of diphtheria had been reported from the General Hospital at that time.

Another case, I was informed by Dr. Brett, had been admitted to the County Hospital, Pembury, suffering from meningitis, but was discharged on the 28th November. On the 3rd December he had a discharge from the ear, the abscess of which broke, and later the patient developed a discharging nose. Swabs of both nose and throat were taken on the 29th December, which proved positive to *B. diphtheriae* of normal virulence. Dr. Grasby, the Medical Officer of Pembury Hospital, was written for information as to whether any cases of diphtheria had occurred whilst the patient was an inmate. He replied that the boy had been admitted to the Children's Ward as a temporary measure from the 21st to the 28th November, but that no diphtheria cases had occurred since June. Subsequent swabs were also examined for the presence of haemolytic streptococci showing a profuse growth.



The other two cases gave positive swabs; one case also gave a positive ear swab. A total of 39 contacts were swabbed at the Home, which were reported to be negative; one of these was of a schoolmaster and nephew of the matron who had stayed at the Home during the Christmas holidays. Two negative swabs were obtained before he left for London and the Isle of Wight. The respective M.O.H.s were notified and a communication was received from the latter stating that a further swab taken had proved negative.

Two further cases were notified on the 5th and 9th January, 1937; both showed positive growths from wounds in the neck for which they were being treated in the Home. Both Dr. Brett and myself are of opinion that these were the sources of infection. The cases were removed to Cranbrook Joint Hospital.

A seventh case occurred on the 12th January of nasal diphtheria, which was removed to hospital and reported to be non-virulent.

The eighth and last case to date was notified on the 2nd February and gave a positive swab (non-virulent); she was admitted to Cranbrook Hospital the same day.

A further batch of about 30 swabs were taken of contacts in the Convalescent Home by Dr. Brett and Dr. Parish, his successor; all proved negative.

The Matron (Miss Pleasance) was interviewed and recommended in the case of all new admissions to the Home to take throat and nasal swabs for diphtheria and the haemolytic streptococci for the protection of the other patients in the Home.

Matron complained about the nuisance caused by the smell from the sewage installation, especially in the summer months. I inspected this, which is situated in a wood immediately to the south-west of the Home. I advised the attendant to set the new clinker in correctly, graded in a proper manner. It was found that the effluent drain had been opened up at two points on account of blockages. The County Medical Officer was communicated with and your M.O.H. suggested that manholes be constructed at these positions so that in future any necessary rodding could be easily carried out; he was requested to pass the recommendation on to the Architect to the Kent County Council.

No further cases were reported. The unusual feature of this outbreak is that the diphtheritic infection should have come from the pus of wounds of patients in the hospital. On discussing the outbreak with Dr. Ponder, County Medical Officer, he said he had had such cases reported; and Dr. Linton, M.O.H., Tunbridge Wells, stated that he had a similar occurrence during the Great War when the infection was traced to the wound of a Belgian soldier. The matter in any case is worthy of record.

**Goudhurst.**—Of the three cases notified, one occurred in a hop-picker. A second case was found on the farm by the Health Nurse in a child occupying a neighbouring hut who showed suspicious symptoms; the throat swab proved positive. All the contacts were swabbed, which proved negative, and they returned home to London, the respective M.O.H. being advised. Following on this, two cases of diphtheria occurred amongst the local children at Winchet Hill School. The M.O.H. visited the school and with the Health Nurse's assistance examined the scholars; six "carriers" were ultimately found at the school and homes, two of Cranbrook children and four resident in Staplehurst parish in Maidstone Rural District. The contacts at the school and homes were treated by the Health Nurse with 1-in-10 carbolic oil solution on three successive days, after which the outbreak cleared up.

**Pneumonia.**—Of the 13 cases notified, 5 proved fatal. One was admitted to the Cottage Hospital and one was nursed at the Babies' Castle, the others being nursed at home. Four were of the influenzal type of pneumonia. Nine were adults and four children under seven years.

**Erysipelas.**—All the erysipelas cases were treated at home and occurred in adults.



**Puerperal Pyrexia.**—Two notifications were received. One occurred at Cranbrook and one at Goudhurst; the latter was removed to the County Hospital, Pembury. At the request of the County Medical Officer, swabs of the contacts and of the home treated patient were taken by the Health Nurse for haemolytic streptococci, all proving negative excepting that of the patient herself, whose own doctor was notified of the result.

**Acute Anterior Poliomyelitis (Infantile Paralysis).**—One case was notified in a boy aged nine years. The M.O.H. saw the child in consultation with the medical attendant and advised his removal to the County Hospital, Pembury. On enquiries being made it was found that the patient had returned from a holiday at Chatham two weeks previously, where it was stated infantile paralysis cases had occurred. The M.O.H. was written to and he replied that 3 cases had occurred, one recent case in the locality where the patient stayed. The parents stated also that the boy had bathed in a dirty pool at the seaside; the Authority's attention was drawn to the matter.

**Anthrax.**—A case of human anthrax was reported on a farm at Cranbrook in a male aged 31 years; he was treated at home. The M.O.H. saw the case in consultation with the Doctor; it was confirmed bacteriologically to be anthrax by the Kent County Bacteriologist. The medical practitioner notified it as "malignant pustule," and gave the patient the appropriate inoculation; he made a good recovery. The local representative of the Ministry of Agriculture, Mr. Lorimer Hughes, was notified by telephone and the Assistant Secretary advised of the facts. The Ministry of Agriculture wrote stating that as a result of veterinary enquiries, which were undertaken by one of the Ministry Inspectors, no evidence as to the possible origin of infection could be found. A sample of bone-meal which had been used in connection with the patient's work was bacteriologically examined and also his shaving brush, both of which were reported upon to contain no anthrax bacilli. The bonemeal sample tested was not a good one, as it was sweepings off the floor. The M.O.H. suspected the bonemeal as the cause; a previous case arose from this artificial manure imported from India. Both the Pathologist and M.O.H. were surprised that the patient recovered, and credit is due to Dr. Parish for his prompt and satisfactory treatment. Full reports on the case were forwarded to the Ministries of Health and Agriculture.

**Minor Infectious Diseases.**—The incidence of minor infection during the year 1937 was low, as will be seen by the following figures; the total number of actual or suspected cases reported by the Head Teachers was 53; measles 6, whooping cough 9, chickenpox 16, impetigo 19, mumps 3.

**Tuberculosis.**—A total of 16 new cases were notified; 8 deaths were registered.





**Factories and Workshops, Etc.**

						— Defects —			
						Number.	Visits.	Found.	Remedied.
Bakehouses	...	...	...	...	...	14	7	—	—
Dairies	...	...	...	...	...	123	146	5	5
Slaughterhouses: Registered				...	...	9	320	—	—
Licensed				...	...	3	103	—	—
Other food preparing places				...	...	8	37	—	—
Factories and Workshops				...	...	68	4	1	—

**Inspection and Supervision of Food.**

(a) Milk Supply.—Routine inspections have been made and samples of milk have been collected as required by the County Council.

(b) Meat and Other Foods.—Routine inspections are made under the Meat Regulations to all slaughterhouses and meat shops.

The following table shows the number of carcasses inspected and condemned during the year:—

				Cattle, excluding		Cows.	Calves.	Sheep and	
				Cows.	Cows.			Lambs.	Pigs.
Number killed, if known	...	...	...						
Number inspected	...	...	...	124	—		76	289	299
All diseases except Tuberculosis:									
Whole carcasses condemned				—	—		—	—	—
Carcasses of which some part or organ was condemned				4	—		—	6	8
Percentage of the number inspected affected with disease other than Tuberculosis	...	...	...	3%	—		—	—	—
Tuberculosis only:									
Whole carcasses condemned				2	—		—	—	10
Carcasses of which some part or organ was condemned				17	—		—	—	—
Percentage of the number inspected affected with Tuberculosis	...	...	...	15%	—		—	—	—

**Housing.****1.—Inspection of District.**

- |   |     |    |
|---|-----|----|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)   | ... | 38 |
| (b) Number of inspections made for that purpose   | ... | 56 |
| (2) (a) Number of dwelling-houses (included under the preceding heading) which were inspected and recorded under the Housing Consolidated Regulations, 1925 | ... | 15 |
| (b) Number of inspections made for that purpose   | ... | 16 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation                                | ... | 6  |

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ..	12
2.—Remedy of Defects without Service of Formal Notices.	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	8
3.—Action under Statutory Powers.	
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 ... ..	—
(b) Proceedings under Public Health Acts:	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	1
(2) Number of dwelling-houses in which such defects were remedied after service of formal notices ... ..	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	—



# MAIDSTONE RURAL DISTRICT.

## 1937 HEALTH REPORT.

### General Statistics.

Area (acres) ... ..	34,708
Population (Census 1931) ... ..	15,317
Population (Registrar-General's estimate mid-year 1937) ...	15,510
Rateable Value ... ..	£83,175
Sum represented by a penny rate ... ..	£346
Number of inhabited houses (end of 1937) according to Rate Books ... ..	4,730

### Extracts from Vital Statistics of the Year.

					Total.	Male.	Female.	
Live	Legitimate	...	...	...	218	122	96	
Births	Illegitimate	...	...	...	11	4	7	
					<hr/> 229	<hr/> 126	<hr/> 103	
Birth-rate per 1,000 of the estimated resident population ... ..								14.7
Still-	Legitimate	...	...	...	7	3	4	
births	Illegitimate	...	...	...	—	—	—	
					<hr/> 7	<hr/> 3	<hr/> 4	
Stillbirth-rate per 1,000 of total (live and still) births ... ..								29.6
Deaths ... ..					200	106	94	
Death-rate per 1,000 of the estimated resident population ... ..								12.9
Deaths from puerperal causes:								
					Deaths.	Rate per 1,000 total (live and still) births.		
Puerperal sepsis ... ..					1		4.2	
Other puerperal causes ... ..					0		0.0	
					<hr/> 1		<hr/> 4.2	
Death-rate of infants under one year of age:								
All infants per 1,000 live births ... ..								26.2
Legitimate infants per 1,000 legitimate live births ... ..								27.5
Illegitimate infants per 1,000 illegitimate live births ... ..								0.0
The actual number of infant deaths was ... ..								6
Deaths from cancer (all ages) ... ..								33
Deaths from measles (all ages) ... ..								0
Deaths from whooping cough (all ages) ... ..								0
Deaths from diarrhoea (under two years of age) ... ..								1

## Water Supplies.

**CHEMICAL RESULTS (parts per 100,000)**

REMARKS.

## BACTERIOLOGICAL RESULTS.

B. coli ... ..	0	in 100 millilitres of water.
B. lactis aerogenes ... ..	0	
Streptococci ... ..	0	
B. welchii ... ..	0	do.

Reports on analyses of samples of water collected at various sources and supplied by the Maidstone Waterworks Company were received from Mr. C. Harden, Engineer and Manager. As the Farleigh part of Maidstone Rural District is supplied by this Company, the following chemical and bacteriological results are given:—

REMARKS.

## BACTERIOLOGICAL RESULTS.

- |  |                      |
|--|----------------------|
| 1. Number of micro-organisms per cubic centimetre living and capable of development upon gelatine at 22° C. .... | 25                   |
| 2. Number of micro-organisms per cubic centimetre living and capable of development upon agar at 37° C. ....     | 1                    |
| Ratio: 25—1.   |                      |
| 3. Microbes of Indication:   |                      |
| B. coli ....   | Absent from 100 c.c. |
| Streptococci ....  | Absent from 100 c.c. |
| B. welchii ....  | Absent from 16 c.c.  |



**Drainage and Sewerage.**

Mr. T. A. Busbridge, Surveyor to the Maidstone Rural District Council, writes as follows:—

No alterations or improvements to the sewerage schemes in this District were carried out during the past year, but plans have been prepared for the sewerage and sewage disposal scheme for part of the parish of Yalding, in connection with which the Ministry of Health Public Inquiry resulted in the approval of same, and the work of carrying out this scheme will be started this Spring.

Plans for a comprehensive scheme of sewerage and sewage disposal for parts of the parishes of East Farleigh, Linton and Loose have been prepared during the past year, estimated to cost £31,000. The scheme is now under consideration by the Parish Councils concerned, in order that my Council may consider their observations thereon before applying to the Ministry of Health to sanction a loan for same.

I am also now busily engaged in preparing drawings of the proposed extensions of the sewers and disposal works at Bearsted.

MINISTRY OF HEALTH INQUIRY, YALDING SEWAGE WORKS,  
23rd NOVEMBER, 1937.

**EVIDENCE OF THE MEDICAL OFFICER OF HEALTH.**

During the 14 years I have been Medical Officer of Health to Maidstone Rural District Council the inadequate methods of sewage disposal for the village of Yalding have received my attention. Three parts of the village is sewered with an outfall into a large tank with an overflow into a backwater of the River Beult. This tank is in the low-lying locality called "The Tat" by the banks of the river. After years of accumulation of sewage silt in the backwater, a most insanitary state of affairs resulted, which ended in an epidemic of diphtheria in 1926. This totalled 19 cases; with three exceptions all were school children, and one child did die. The outbreak commenced in November, 1925, and persisted to May, 1926. Ordinarily one can clear up an epidemic of diphtheria in about two months, but the protracted nature of this one indicated that the defective sewerage disposal methods were definitely affecting the health of the village inhabitants. In addition there was then no refuse collection, and accumulations of rubbish at nearly all the cottages added to the unhealthy conditions. After this the Council had the Tat and tanks mudded and cleaned out, and a refuse dump provided outside the village. The outfall was also carried further down the river.

At the neighbouring villages of Staplehurst and Marden the District Council has in recent years installed sewerage and sewage disposal schemes resulting in improved amenities and health. For purposes of comparison the infectious disease statistics relating to Marden and Yalding are given below. Marden is not on a river and is therefore more handicapped as regards methods of sewage disposal. The population (1931 Census) of Yalding is 2,317 and that of Marden is 2,342.

**INFECTIOUS DISEASE, 1926 TO 1936.**

Year.	MARDEN.			YALDING.		
	Sc. Fever.	Diphtheria.	E. Fever.	Sc. Fever.	Diphtheria.	E. Fever.
1926	...	2	3	—	1	13
1927	...	7	2	—	—	1
1928	...	5	6	1	7	4
1929	...	17	4	—	15	3
1930	...	5	4	1	2	2
(Sewage Works installed)						
1931	...	3	—	—	2	4
1932	...	5	2	—	10	1
1933	...	4	—	—	15	2
1934	...	9	5	—	3	3
1935	...	1	2	—	3	3
1936	...	5	1	—	1	5
	63	29	2	59	41	—



For many years we have received complaints about the insanitary conditions in the village. On the instructions of the Council, Mr. Busbridge, our Surveyor, has prepared a scheme. This was approved by the District Council, but on being referred to the Parish Council it was deferred. Especially in the upper reaches of the River Medway, the question of river pollution has been dealt with by me in several annual reports; as a result many sewerage improvements have taken place. Samples taken from the main river in 1932, below where the Beult enters it, showed that it was of very bad organic quality and contained a considerable amount of sewage matter. Thus in addition to general health considerations the river pollution requires that new sewerage works should be erected.

Yalding is supplied with Company water, but to enable the inhabitants to fully enjoy the comforts of the said water supply a properly constructed sewerage and sewage disposal scheme is a necessity.

There was a good deal of local opposition to the proposed sewerage scheme at the Inquiry. With regard to the above evidence it was alleged that many if not all of the diphtheria cases in the 1926 epidemic were London hop-pickers. I have again inspected the Infectious Disease Register and find that they were all resident in Yalding. I find, however, that two were over and one under school age. I have accordingly added the words "with three exceptions" to the sentence referring to the diphtheria epidemic: "This totalled 19 cases; with three exceptions all were school children and one child did die."

MINISTRY OF HEALTH INQUIRY, BARMING SEWAGE WORKS,  
26th FEBRUARY, 1937.

EVIDENCE OF THE MEDICAL OFFICER OF HEALTH.

This scheme is part of a policy for the ultimate sewerage and provision of sewage disposal works in each parish. Already such works have been carried out at Bearsted, Marden and Staplehurst. Mr. T. A. Busbridge, our Surveyor, has schemes in hand for the parishes or villages of Yalding, Loose, and adjoining parts of Linton and East Farleigh.

Where parts of rural districts become urbanised as in this case, it is the wisest policy to combine with the adjoining town in a joint scheme. I know of an instance where neighbouring districts have separate sewage works situated on opposite sides of the same road and discharging effluent into the same stream; such unnecessary duplication of plant is wasteful.

Barming is a healthy parish; during the last ten years, my Inspector, Mr. D. T. Sedgwick, states, there have been 22 cases of infectious disease, namely, 15 scarlet fever and 7 diphtheria. In addition there were 10 cases of tuberculosis.

Barming is supplied by the Maidstone and District Water Company; the present sanitation is mainly by drainage into cesspools. I have not got the actual figures regarding the types of sanitation available, but as most of the properties are modern villas they are fitted, not only with w.c.'s and sinks, but also baths and hand-basins. Though the Maidstone Rural District Council has an efficient cesspool emptying service, it is hardly fair to expect the drainage of a modern house to be adequately dealt with by a moderately sized cesspool which according to the byelaws must have no overflow. The emptying of the cesspools, no matter how well carried out, is an objectionable process and unhealthy where there are children.

In my opinion, where, as in this case, a district is supplied by Company water, a modern sewage disposal scheme is an essential to enable the inhabitants to reasonably enjoy the comforts of the said water supply.

The question of the pollution of the River Medway by crude or inadequately treated sewage has for some years been engaging the attention of Dr. C. Ponder, the County Medical Officer, and the District Medical Officers concerned. An authority on the lower reaches of the river has just drawn attention to the possibility of the oyster fisheries being infected from such pollution, and there is likewise a risk to bathers who greatly frequent the river in the summer months.



The completion of this scheme will ensure that still one more point on the catchment banks of the River Medway is having its sewage properly dealt with. Every one of the 40 towns or villages in South-West Kent Area have a public water supply, and it is my aim as Medical Officer of Health to see that they do ultimately also have satisfactory sewerage and sewage disposal works installed.

Both the Barming and Yalding schemes have been passed by the Ministry.

**Refuse Disposal.**

A number of complaints were received during the year and the Council are now considering a scheme for collection of refuse in Barming, Boughton Monchelsea, East and West Farleigh, Linton and Otham. A complete refuse disposal scheme has been in existence in the neighbouring Tonbridge Rural District for some years and proves a great benefit. I understand that what is holding up a complete scheme for Maidstone Rural District is the endeavour in the first instance to get all Parish Councils to agree on the need for a scheme. Knowing the necessity for a comprehensive scheme through the growth of the District, as Medical Officer of Health for the Maidstone Rural District Council, I recommend it to go ahead with a refuse disposal scheme for the whole District.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.**

**Notifiable Diseases during the Year.**

DISEASE.	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Scarlet Fever ... ..	21	20	...
Diphtheria ... ..	3	3	...
Pneumonia ... ..	5	1	1
Erysipelas ... ..	2	...	...
Puerperal Pyrexia ...	2	...	...
Ophthalmia Neonatorum	1	...	...
	34	24	1

**Scarlet Fever.**—Twenty-one notifications were received from medical practitioners during the year 1937 as compared with 12 for the previous year. The cases were scattered throughout the district and occurred in the following parishes: Otham 5, Bearsted 4, Marden 3, Staplehurst 3, Yalding 2, Hunton 2, East Farleigh 1, Loose 1. The age-periods occurred as follows:—

2—5	5—10	10—15	15—20	30—40	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	= 21
3	12	1	2	3	

Twenty of the cases were treated at the Loose Isolation Hospital and one was isolated at home. Three of the cases were of hop-pickers' children. In one case the M.O.H. was advised that the contacts had been allowed to remain on the farm. The grower was advised by the M.O.H. to send them back to London to safeguard the other occupants of the camp which he agreed to do. The other contacts with the hop-picker cases returned to London the same day as the patients were removed to hospital and the Metropolitan Borough M.O.H.'s were notified accordingly.

Two suspected fever cases on a Marden hop farm were sent in to Loose Hospital from the Hop-Pickers' Hospital. They were subsequently discharged as not suffering from the disease and the official notifications cancelled by the Doctor at the request of the M.O.H.

It was found on visitation by the M.O.H. of the contacts at Staplehurst that one of these was a visitor from Appledore, whose mother was being attended by a doctor for tonsillitis; swabs proved positive to the haemolytic streptococcus, the organism associated with scarlet fever. The Appledore contact was followed up by the M.O.H., as Tenterden R.D. is also in South-West Kent Area.

Three of the Bearsted cases occurred in school children. The M.O.H. visited the home contacts and the School and inspected 95 contacts. As a precautionary measure to prevent the spread of infection, arrangements were made for the Tonbridge Health Nurse, with the consent of the Clerk of Tonbridge Rural District, to paint the throats of the school contacts with a solution of 1-in-10 carbolic oil. No further cases occurred.

Following the Bearsted outbreak, cases of scarlet fever occurred at Otham School. The M.O.H. visited the school, inspected the contacts and found several cases of sore throat. Three homes were also visited and two members of a family found to have tonsillitis. The M.O.H. forthwith communicated with the Clerk of the Council and recommended that permission be given for similar treatments to be undertaken by the Health Nurse of the Otham school contacts, at the cost of the Maidstone Rural District Council. With the consent of Major F. D. Thomas, the Vice-Chairman of the said Council, the Health Nurse visited Otham School and carried out carbolic oil treatment on three successive days; no further cases occurred with the exception of one "return" case, the patient's child having been shortly discharged from hospital. Subsequently the matter was fully discussed by the Council with the Clerk and M.O.H. It was moved by Mr. W. Day, seconded by Mr. Clayson, and the Council unanimously agreed to employ the Health Nurse in Maidstone R.D., to begin with for one year. The basis of payment to Tonbridge R.D. Council to be at the rate of 2s. 6d. an hour during the time she is employed in Maidstone District, and 4d. a mile travelling expenses outside Tonbridge Rural District.

**Diphtheria.**—Only three cases were notified during 1937, as compared with nine for the previous year. Two cases occurred at Marden and one at Loose, all being removed to the Isolation Hospital. The former were of hop-pickers' children aged three and four years respectively; the contacts were sent home by the grower to London on the advice of the



M.O.H. The home contacts in the Loose case, which occurred in a boy aged 12 years, were visited and three swabs taken, which proved negative.

**Diphtheria "Carriers."**—Upon examination by the Health Nurse of contacts to diphtheria cases at Winchet Hill School, Goudhurst, in Cranbrook Rural District, four children whose home address was Staplehurst in Maidstone Rural District, were among those swabbed; three gave positive nasal swabs and the fourth a positive throat swab. Arrangements were made for these "bacteriological" cases to be admitted to Loose Isolation Hospital; they were subsequently transferred to Capel Hospital owing to Loose Hospital being full with scarlet fever patients. After three weeks' treatment they gave negative swabs on three successive occasions and were discharged home. As a precautionary measure some days following their discharge, the M.O.H. ordered the Health Nurse to take swabs before their return to school, and three of the children were again found to have the diphtheria bacillus, one nasal and two throat and nasal; one of the latter, which failed to clear up with local treatment as far as the nose was concerned, was re-admitted to Loose Hospital.

**Pneumonia.**—Five cases were reported; one proved fatal. Two cases occurred in children and three in adults; one of the latter was treated at the West Kent General Hospital.

**Erysipelas.**—Both cases occurred in adults and were treated at home.

**Puerperal Pyrexia.**—Two cases occurred, one at Staplehurst and the other at St. Faith's Home, Bearsted.

**Ophthalmia Neonatorum.**—One case, infant of the above, also occurred at St. Faith's Home, Bearsted.

**Minor Infectious Diseases.**—Head teachers notified a total of 99 cases during 1937, as follows: chicken-pox 35, impetigo 26, whooping cough 21, influenza 10, measles 5, ringworm 2.

**Tuberculosis.**—A total of 13 new cases were notified; 11 deaths were registered.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
5 ... ..	...	...	...	...	...	...	...	...
15 ... ..	1	5	...	1	...	2	...	...
25 ... ..	1	2	...	1	1	1	...	...
35 ... ..	...	1	...	...	2	1	...	...
45 ... ..	1	...	...	...	3	...	...	...
55 ... ..	...	...	...	...	1	...	..	...
65 and upwards	...	...	...	...	...	...	...	...
	3	8	...	2	7	4	...	...
Totals ...	11		2		11		...	

**REPORT OF THE SANITARY INSPECTOR FOR 1937.****Nuisances Investigated under the Public Health Act, 1875, and the  
Public Health Act, 1936.**

Written complaints received and investigated ... ..	32
<i>Re</i> Overcrowding: Number investigated ... ..	57
<i>Re</i> Keeping of animals ... ..	6
<i>Re</i> Offensive trades ... ..	—
Sanitary arrangements for conversion ... ..	32
<i>Re</i> Dustbins: Number investigated ... ..	22
<i>Re</i> Drains: Number investigated ... ..	339
Notices served, statutory ... ..	4
Notices served, informal ... ..	96
Number of houses disinfected ... ..	32
Number of lots of clothing disinfected ... ..	50
Number of schools disinfected ... ..	1
Approximate total amount of food condemned during the year (including T.B. cows at knacker's yard):	
4 tons 12 cwts. 2 qurs. 14 lbs.	
Legal proceedings ... ..	—

**Water Supply.**

Number of inspections <i>re</i> existing water supply ... ..	24
Samples taken and submitted for analysis ... ..	6
Number of water certificates granted for new houses ... ..	129

**Housing.****1.—Inspection of dwelling-houses.**

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 200
- (b) Number of inspections made for that purpose ... 250
- (2) (a) Number of dwelling-houses (included under the preceding heading) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... 57
- (b) Number of inspections made for that purpose ... 80
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... .. 5
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... .. 52

**2.—Remedy of Defects without Service of Formal Notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	40
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**3.—Action under Statutory Powers.**

- (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... .. 15



(2) Number of dwelling-houses which were rendered fit after the service of formal notices:	
(a) By owners ... ..	15
(b) By Local Authority in default of owners ...	—
(b) Proceedings under Public Health Acts:	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	84
(2) Number of dwelling-houses in which such defects were remedied after service of formal notices:	
(a) By owners ... ..	8
(b) By Local Authority in default of owners ...	—
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ... ..	12
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	7

#### Housing Act, 1936, Part IV.—Overcrowding.

(a) (1) Number of dwelling-houses overcrowded at the end of the year ... ..	10
(2) Number of families dwelling therein ... ..	10
(3) Number of persons dwelling therein ... ..	60
(b) Number of new cases of overcrowding reported during the year	2
(c) (1) Number of cases of overcrowding relieved during the year	65
(2) Number of persons concerned in such cases ... ..	325
(d) Number of cases in which dwelling-houses have again become overcrowded after action taken for the abatement of overcrowding ... ..	—

#### Housing (Rural Workers) Act.

Number of houses reconditioned under this Act during the year ...	15
---	----

#### Hop-picking Inspection.

Number of encampments inspected ... ..	174
Number of visits to camps ... ..	305
Number of hopper huts inspected ... ..	5,962
Number of tents inspected ... ..	60
Number of gipsy vans inspected... ..	70
Number of latrines inspected ... ..	1,119
Number of cookhouses inspected ... ..	462
Legal proceedings ... ..	—

#### Hospital Inspection.

Number of visits ... ..	29
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Factories and Workshops, Etc.

	Number.	Visits.	— Defects —	
			Found.	Remedied.
Bakehouses ... ..	14	18	6	6
Dairies and Cowsheds ... ..	120	187	20	20
Slaughterhouses ... ..	21	373	3	3
Meat Shops ... ..	22	52	4	4
Factories and Workshops ... ..	102	30	6	6
Knacker's Yard ... ..	1	45	—	—

Shops Act, 1934, Section 10.

Inspections under this Act commenced in this District in October, and 31 shops have been inspected.

Rats and Mice (Destruction). Act.

Forty visits have been made under this Order, and advice or assistance given when required.

Eradication of Bed Bugs.

One Council house and two other houses were found to be infested. These houses were disinfected by the Associated Fumigators, Ltd., with hydrogen cyanide gas.

The tenants of all Council houses have been required to inform the Sanitary Inspector of any evidence of vermin in their houses.

The Sanitary Inspector has also been instructed to inspect Council houses from time to time for this purpose.

Inspection and Supervision of Food.

(a) Milk Supply.—Routine inspections have been made and samples of milk have been collected as required by the County Council.

(b) Meat and Other Foods.—Routine inspections under the Public Health (Meat) Regulations, 1924, are carried out in all slaughterhouses and meat shops.

Inspections are also made during the hop-picking season of all meat and other foods which are sold by hawkers from temporary vans and stalls.

It is not always possible to make ante-mortem inspection of animals, but a practice is made of inspecting all carcasses and organs on the day of slaughter.

Carcases Inspected and Condemned.

	Cattle, excluding			Sheep and	
	Cows.	Cows.	Calves.	Lambs.	Pigs.
Number killed, if known ... ..					
Number inspected ... ..	1,112	210	98	1,967	1,232
All diseases except Tuberculosis:					
Whole carcasses condemned ... ..	—	—	—	—	—
Carcasses of which some part					
or organ was condemned ... ..	8	12	—	19	10
Percentage of the number					
inspected affected with					
disease other than Tuber-					
culosis ... ..	7%	5.7%	—	—	.96%



Tuberculosis only :

Whole carcasses condemned ...	2	16	—	—	—
Carcases of which some part or organ was condemned ...	4	12	—	—	14
Percentage of the number inspected affected with Tuberculosis ... ..	0.54%	13% (approx.)	—	—	1.1% (approx.)

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TENTERDEN RURAL DISTRICT.  
1937 HEALTH REPORT.

General Statistics.

Area (acres)	...	...	...	...	...	...	...	...	...	38,379
Population (Census 1931)	...	...	...	...	...	...	...	...	...	6,315
Population (Registrar-General's estimate mid-year 1937)	...	...	...	...	...	...	...	...	...	6,313
Rateable Value	...	...	...	...	...	...	...	...	...	£26,370
Sum represented by a penny rate	...	...	...	...	...	...	...	...	...	£108
Number of inhabited houses (end of 1937) according to Rate Books	...	...	...	...	...	...	...	...	...	2,027

Extracts from Vital Statistics of the Year.

					Total.	Male.	Female.	
Live	Legitimate	...	...	...	90	48	42	
Births	Illegitimate	...	...	...	5	3	2	
					95	51	44	
Birth-rate per 1,000 of the estimated resident population								
		...	...	...	...	...	...	15.0
Still-	Legitimate	...	...	...	3	2	1	
births	Illegitimate	...	...	...	-	-	-	
					3	2	1	
Stillbirth-rate per 1,000 of total (live and still) births								
		...	...	...	...	...	...	30.6
Deaths		...	...	...	79	46	33	
Death-rate per 1,000 of the estimated resident population								
		...	...	...	...	...	...	12.5
Deaths from puerperal causes		...	...	...	...	...	...	Nil
Death-rate of infants under one year of age:								
	All infants per 1,000 live births	...	...	...	...	...	...	42.1
	Legitimate infants per 1,000 legitimate live births	...	...	...	...	...	...	33.3
	Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	...	200.0
The actual number of infant deaths was								
		...	...	...	...	...	...	4
Deaths from cancer (all ages)								
		...	...	...	...	...	...	10
Deaths from measles (all ages)								
		...	...	...	...	...	...	0
Deaths from whooping cough (all ages)								
		...	...	...	...	...	...	0
Deaths from diarrhoea (under two years of age)								
		...	...	...	...	...	...	1

SANITARY CIRCUMSTANCES OF THE DISTRICT.

Water Supplies.

The Cranbrook and Mid-Kent Water Companies supply the District; reports on recent analyses of their supplies are given in the Cranbrook and Maidstone Rural sections of this report.



**Appledore: Inadequate Water Supply.**—The Sanitary Inspector, Mr. W. L. C. Turner, reported to the Committee as follows:—

“Following complaints from residents at Station Cottages, Appledore, as to inadequate water supply, an investigation into the conditions was made on the 3rd November, 1937.

There are fourteen separate dwellings on this road, of which eleven rely on rainwater for domestic and drinking supply. One dwelling has a well, the water of which is stated to be brackish. Two properties owned by the Southern Railway Co. are supplied with water which is brought in a tank by rail.

At Station Cottages, where the complaint originated from, the four cottages obtain water from an underground tank which collects the roof water. A sample of this water was taken for analysis and the report thereon is appended.

The occupants of these cottages complained bitterly of shortage of water during dry months, when the collecting tank became empty and they were reduced to using water from a marsh ditch which runs at the rear of the cottages. This water at the time of investigation appeared to be stagnant.

I am of opinion that the complaint is fully justified and that the present water supply is unsatisfactory.”

RESOLVED that a committee comprising Mr. J. H. Lorden, Colonel R. M. Rendel and Mr. E. B. Terry be appointed immediately to enquire into the possibilities of providing, without delay, a main water supply from Appledore Village to Appledore Station, such committee to explore other alternatives as might be suggested by the Mid-Kent Water Co. including the taking of water from the Company and the laying of the mains by the Council. The question of obtaining contributions from owners also to be investigated.

On Colonel Rendel's motion, seconded by Mr. Lorden, it was resolved to draw the attention of the Council to the need for dealing with three further cases mentioned hereunder if similar terms can be agreed with the Mid-Kent Water Co., and for this purpose the Clerk was directed to communicate with the Company:—

- (a) Extension of the Company's mains from Castleton's Oak to Fosten Green, Biddenden (a distance of approximately 1,700 yards); a 3in. main would probably be necessary.
- (b) Extension of the Company's mains from existing termination at Kenardington Village, along the Snargate road, via the Rectory, Burnt House Corner and over the Canal Bridge, and terminating at a point in the road adjoining the Southern Railway line (a distance of approximately 2,112 yards). Your committee gave careful consideration to this case where main water has long been required. It is submitted that for this extension a 2in. main would be sufficient.
- (c) Extension of the Company's mains from the existing termination, along the Tenterden-Woodchurch road, known as Brook Street, to a point opposite West Well Cottage.

The committee instructed the Clerk, upon receiving satisfactory details from the Mid-Kent Water Co., to circulate them to the Council.

## **Drainage and Sewerage.**

MINISTRY OF HEALTH INQUIRY INTO THE APPLICATION BY THE RURAL DISTRICT COUNCIL OF TENTERDEN FOR SANCTION TO BORROW £6,975 FOR WORKS OF SEWERAGE AND SEWAGE DISPOSAL FOR THE PARISH OF WITTERSHAM.

### **EVIDENCE OF THE MEDICAL OFFICER OF HEALTH.**

Tenterden Rural District includes nine parishes; of these there is only one village, namely, Rolvenden, which has a sewage and sewerage disposal system. The population of Tenterden Rural District according to the Registrar-General's mid-year estimate for 1935 was 6,382. The population of the parish of Wittersham is about 700, of which about 300 only in the village will be provided for by the proposed new scheme.



In the survey report upon the public health of the District for 1930, there appears the following statement. "Parish of Wittersham.—This village has a main sewer and efficient outfall works. During the year improvements have been carried out at the outfall works." This should read, of course, that "part of this village" only is sewered, for it is only the main street which is served by the outfall works. These small works were constructed in 1910 and from time to time the clinker has been renewed.

On inspection with the Surveyor, Mr. W. L. C. Turner, on the 1st March, 1937, the Medical Officer of Health found that though there was a fairly clear effluent discharging, the works generally were in bad repair and the clinker had disintegrated and required renewing. The engineers, Messrs. John Taylor & Sons, who are carrying out the proposed scheme, describe these works as being of a primitive type. In 1934, at the request of the Council, these engineers prepared a report in which they state that a sewerage scheme is necessary. As Medical Officer of Health I do agree, and do recommend that the work be carried out as soon as possible.

The health of the village has been fairly good. During the last ten years we have had a total of 19 cases of infectious disease notified as follows: scarlet fever 4, diphtheria 2, enteric fever 3, pneumonia 4, erysipelas 3, puerperal fever 2, and acute poliomyelitis 1.

There have been many complaints received by the Inspector regarding statutory nuisances arising from the discharge of sewage into the ditches in other parts of the village. Behind the smithy, near which one of the cases of typhoid occurred, is a ditch into which a length of sewer discharges. When last inspected, the crude effluent was well diluted with water, and the ditches, which had recently been most thoroughly dug out, were running like a small stream. In the summer months, however, a nuisance is created here, regarding which complaint has been lodged by the landowner concerned.

There are 14 Council houses, the waste drainage of which runs into the ditches. Along the lane called Back Street, the sewage oozes and trickles into roadside ditches and a definitely offensive condition is created, regarding which many complaints have been received. When inspected on the 1st March, 1937, thick, foul sewage was lying in the ditches, which had no apparent flow at all.

Since 1884 the village has had a water supply, first provided at the expense of the then Vicar, later by a private Company, and now by the Tenterden Rural District Council. This was approved by the Ministry of Health in 1933. To enable the inhabitants to more fully enjoy the comforts of the water supply, in my opinion, a modern sewage disposal scheme is essential.

Wittersham is a pleasant residential neighbourhood and this new amenity should be an added attraction. Several local gentlemen, in particular Colonel Drexel and Colonel Body, who has done so much good work on the Council, have been active in putting forward this scheme.

Wittersham is thus showing an excellent example to the other parishes, many of which are in need of such schemes. Every one of the 40 parishes in the South-West Kent Area has a public water supply, and as Medical Officer of Health I hope to gradually see the public health of these villages, like Wittersham, being improved by the installation of sewage and sewerage disposal works in due course.

#### CHURCH OF ENGLAND SCHOOL SANITATION AT ROLVENDEN.

##### ACTION TAKEN BY TENTERDEN RURAL DISTRICT COUNCIL.

The Clerk reported correspondence which had taken place with the Kent Education Committee under which the latter pointed out that the modernization of the lavatory accommodation at this school is being carried out by the Managers, with whom the responsibility rests. It was indicated that when estimates for the work have been received, the Managers, who would invite tenders, would be in a position to decide whether they would be able to proceed with the work, plans of which have already been deposited with the Council. The Clerk had accordingly enquired what would be the attitude of the K.E.C. should the Managers feel unable to carry out the work, to which a reply had been received that the provision of the accommodation is a matter for the Managers; that the K.E.C. are aware that the lavatory accommodation falls short of modern requirements, but there is no evidence that in its present condition the school is inefficient.



Read letter, dated the 17th instant, from the Correspondent to the Managers, stating they had been forwarded a copy of the correspondence and that the Managers resented the implication that the recent outbreak of infectious disease is due to the school, and referring to some recent cases which occurred at Gatefield Council Cottages. Reference is made to the drainage of the Gatefield Council Cottages at that time. The letter adds that the delay in proceeding with the drainage scheme rests with the K.E.C. as they are still awaiting a specification for the plan which has already been deposited with the Council.

The Clerk referred to the correspondence with the K.E.C. having commenced by reason of the report for 1936 of the Medical Officer of Health. The new Council cottages at Gatefield were not occupied until July, 1937.

After full consideration it was resolved that, having regard to reports made to the Council, it appears a Statutory Nuisance, as defined under Section 92 (1) of the Public Health Act, 1936, exists at the Rolvenden C.E. School, i.e. that "the premises are in such a state as to be prejudicial to health or a nuisance," and accordingly that an Abatement Notice, under Section 93, be served upon the Managers of the school, by whose act, default or sufferance the nuisance arises, requiring them to abate the nuisance and for that purpose to carry out the improved drainage works, in accordance with the plan deposited, within a period of 56 days from the date of service of notice.

### **Report of the Medical Officer of Health on Public Schools at Rolvenden.**

Mr. P. G. Banfield, Clerk to the Tenterden Rural District Council, telephoned me on Saturday, the 20th November, 1937, requesting me to make an inspection of the Rolvenden schools with Mr. Turner, the Surveyor; this I arranged to do on Tuesday, the 30th November, 1937.

With Councillor Allsop and Mr. Turner we made a general survey of the school buildings. The older building is occupied by the senior scholars. This is brick built and roofed with tiles. There was evidence externally of uprising dampness in the walls, there being no dampcourse. Some of the airbricks were covered over, in one instance by a lean-to shed. The brickwork was considerably perished in parts. Internally there is no lath and plaster, the walls being the bare 9in. brickwork. Inside the classrooms there was still more evidence of uprising dampness. On one wall toward the south-west the brickwork right up to the sill of the window, which is about 5ft. high, was quite wet. The matchboard dado on the damp wall was rotted through. The floorboards had given way. There was evidence of settlement in the brickwork. The building containing the infants' classes is of more recent structure and is provided with a dampcourse. It is much more light and airy, though here there is also evidence of settlement of the brickwork as the building is tied with steel rods. The roof is tiled and some of these were lying broken in the gutter.

There is Company water laid on to the buildings; the handbasins provided are old enamel ones, but the arrangements for taking away the waste water are inefficient and insanitary. The sanitary arrangements of the school consist of large privies; these on the date of our inspection had just recently been cleaned out. Councillor Allsop informed us however, that he had received many complaints from parents that they had on previous occasions been neglected. In two instances the doors of the lavatories were broken.



The infectious disease record of the parish of Rolvenden during the last ten years is a very bad one indeed. Naturally when we mention the parish we include the Parish School because the great majority of cases notified were school children. In connection with these constantly recurring outbreaks, I have not only visited the school, but made repeated examinations of the scholars themselves. I give herewith the statistics of the parishes of Rolvenden and Biddenden for the years 1927-1937. It will be noted from these that Rolvenden with a population of 1,292 has had 64 more cases of infectious disease than Biddenden with a similar population of 1,245:—

			ROLVENDEN PARISH.		BIDDENDEN PARISH.	
			Population 1,292 (1931 Census)		Population 1,245 (1931 Census)	
			Scarlet Fever.	Diphtheria.	Scarlet Fever.	Diphtheria.
1927	...	...	13	—	—	—
1928	...	...	10	14	—	1
1929	...	...	15	5	—	—
1930	...	...	2	1	—	2
1931	...	...	—	1	2	—
1932	...	...	—	—	—	—
1933	...	...	2	—	1	—
1934	...	...	3	—	2	1
1935	...	...	—	—	—	—
1936	...	...	3	—	—	—
1937	...	...	—	6	2	—
			48	27	7	4

I wrote the late Dr. Greenwood, Kent County Medical Officer, on 17th July, 1936, as follows:—

“I beg to acknowledge the receipt of yours of the 15th inst. regarding the Rolvenden School.

“I inspected 135 children in this school yesterday and set aside a number with sore throat, and these I advised the teacher to instruct to gargle with Milton antiseptic. I also found two children with peeling; I arranged for the removal of these to Hospital.

“In past years we have had a good deal of trouble with this school, several outbreaks of both scarlet fever and diphtheria having occurred. I recommend that you draw the attention of the appropriate Authority to the matter, so that a thorough report upon the condition of the school may be made.”

He replied dated 23rd July, 1936, as follows:—

“Thanks for your letter of July 17th, concerning scarlet fever at Rolvenden School. I hope your action will prevent any further extension of the outbreak.

“I have drawn the attention of the Director of Education of the matter referred to in the last paragraph of your letter.”

At the request of Mr. Banfield, Clerk to the Tenterden Rural District Council, I made a report upon an outbreak of scarlet fever at Rolvenden dated 12th August, 1936. In that report I say:—

“In my opinion it is desirable to draw the attention of the Council to the fact that in this school we have had a good deal of trouble in the past with regard to both scarlet fever and diphtheria. The buildings are very old and the sanitation is unsatisfactory. Should the Council think fit the attention of the Kent Education Authority might be directed to the question of providing more adequate modern accommodation for the scholars in Rolvenden parish.”



On the date of our inspection, Councillor Allsop, Mr. Turner and myself had an interview with the Rev. Langton, Vicar of the parish. He informed us that the Managers had been considering installing a water closet sanitary system at these schools. I informed him that it was my opinion that the old part of the schools should be condemned and a new building provided at the earliest opportunity.

In my opinion, this old school is unfit for human habitation and is not capable at a reasonable expense of being rendered so fit. It is one of the anomalies of Public Health Law that the Council has power to condemn and demolish unfit houses, yet it apparently cannot touch this derelict, damp old school. Consequently the good re-housing work that the Council has done in Rolvenden is largely nullified.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.**  
**Notifiable Diseases during the Year.**

DISEASE	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Scarlet Fever ... ..	4	3	...
Diphtheria ... ..	6	6	...
Pneumonia ... ..	2	...	...
Puerperal Fever ... ..	1	1	...
	13	10	...

**Scarlet Fever.**—The four cases notified occurred in the parish of Biddenden, 3 being treated at the Cranbrook and Tenterden Joint Hospital and one being isolated at home. The age-periods were as follows:—

5—10

10—15

3

1

= 4

Two of the cases were at first being treated at home by the doctor. As Inspector Turner reported they were both on farms, the M.O.H. met the Doctor in consultation regarding the cases. As milk was produced on both farms, the M.O.H. insisted that both cases be admitted to hospital and the premises disinfected, otherwise the milk supplies would be confiscated until the houses were free of infection. After some argument the farmers agreed and signed statements allowing their children to be sent to the Cranbrook and Tenterden Joint Hospital forthwith. Through this unfortunate delay a second case occurred on one of the farms, and we have had greater difficulty than usual in eradicating the disease from amongst the school children and the village. The contacts, numbering 110, at Biddenden School were inspected on two occasions by the Health Nurse and three visits paid to home contacts.

**Diphtheria.**—Five of the cases were admitted to the Cranbrook and Tenterden Joint Hospital, and the sixth case was at first nursed at home but subsequently removed to the Isolation Hospital for treatment. All the six cases occurred in the parish of Rolvenden. The age-periods were:

$$\begin{array}{r} 5-10 \\ \hline 3 \end{array} \quad \begin{array}{r} 10-15 \\ \hline 3 \end{array} = 6$$

They all attended Rolvenden School. The Health Nurse visited the school three times and inspected 100 children and painted their throats with carbolic oil on three successive occasions. Six homes were visited and swabs taken of contacts; one child gave a positive nasal swab and she was removed to the Isolation Hospital for treatment.

The case which was in the first instance isolated at home gave a positive nasal swab. About one month previously he had had impetigo, which had cleared up under treatment with the exception of a sore in the nostril. The Health Nurse visited and ascertained that the patient's brother had an ulcerated throat; a swab was taken, which proved negative. It is possible that he was the source of infection in the subsequent cases which occurred. The M.O.H. also visited and made investigations. This small outbreak was interesting because of its association with impetigo, which I have found from past experience to give rise to diphtheria.

**Pneumonia.**—Both pneumonia cases were of the influenzal type and were treated at home.

**Puerperal Fever.**—This case was notified from Wittersham, and the doctor requested a second opinion. The M.O.H. visited and advised that the patient be admitted to hospital. Swabs of the four contacts were taken by the M.O.H. for the haemolytic streptococci; all proved negative. The patient made a good recovery.

On inspection of the house of the patient it was found that no Company water was laid on and the w.c. was without a flushing tank. The owner of the property was requested to have Company water laid on forthwith.

**Minor Infectious Diseases.**—A total of 46 notifications of actual or suspected cases were reported by the head teachers as under: chicken-pox 41, impetigo 4, and ringworm 1.

**Tuberculosis.**—During 1937, seven new cases were notified; four deaths were registered.



Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
5 ... ..	...	...	...	1	...	...	1	...
15 ... ..	1	1	...	...	...	1	...	...
25 ... ..	...	2	...	...	...	...	...	...
35-45 ... ..	..	...	...	...	...	...	...	...
55 ... ..	1	...	...	...	1	...	...	...
65 and upwards	1	...	...	...	1	...	...	...
Totals ... ..	3	3	...	1	2	1	1	...
	6		1		3		1	

REPORT OF THE SANITARY INSPECTOR FOR 1937.

Summary of Inspections.

Slaughterhouses	...	...	...	...	...	...	...	...	40
Cowsheds and dairies	...	...	...	...	...	...	...	...	320
Bakehouses	...	...	...	...	...	...	...	...	36
Drainage, new and existing	...	...	...	...	...	...	...	...	14
Water supplies	...	...	...	...	...	...	...	...	7
Sanitary accommodation	...	...	...	...	...	...	...	...	17
Offensive accumulations	...	...	...	...	...	...	...	...	4
Hop-pickers' camps	...	...	...	...	...	...	...	...	25
Keeping of animals	...	...	...	...	...	...	...	...	2
Cesspools	...	...	...	...	...	...	...	...	3
Dampness	...	...	...	...	...	...	...	...	2
Housing repairs	...	...	...	...	...	...	...	...	8
Food condemned (18 cwts.)	...	...	...	...	...	...	...	...	1
Fumigations	...	...	...	...	...	...	...	...	25
Miscellaneous	...	...	...	...	...	...	...	...	33

**HOUSING.****1.—Inspection of Dwelling-houses.**

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	14
Number of inspections made for that purpose ... ..	20
(2) Number of dwelling-houses (included under the preceding sub-heading) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ..	10

**2.—Remedy of Defects without Service of Formal Notices.**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	8
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**3.—Action under Statutory Powers ... ..**

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**TONBRIDGE RURAL DISTRICT.****1937 HEALTH REPORT.****General Statistics.**

Area (acres) ... ..	41,687
Population (Census 1931) ... ..	18,063
Population (Registrar-General's estimate mid-year 1937) ...	19,180
Rateable Value ... ..	£130,887
Sum represented by a penny rate ... ..	£526
Number of inhabited houses (end of 1937) according to Rate Books ... ..	5,450

**Extracts from Vital Statistics of the Year.**

					Total.	Male.	Female.
Live	Legitimate	...	...	...	233	122	111
Births	Illegitimate	...	...	...	10	5	5
					<hr/> 243	<hr/> 127	<hr/> 116
Birth-rate per 1,000 of the estimated resident population ... ..					...	...	12.7
Still-	Legitimate	...	...	...	10	7	3
births	Illegitimate	...	...	...	1	1	—
					<hr/> 11	<hr/> 8	<hr/> 3
Stillbirth-rate per 1,000 of total (live and still) births ... ..					...	...	43.3
Deaths ... ..					235	124	111
Death-rate per 1,000 of the estimated resident population ... ..					...	...	12.2
Deaths from puerperal causes:							
					Deaths.	Rate per 1,000 total (live and still) births.	
Puerperal sepsis ... ..					1	3.9	
Other puerperal causes ... ..					0	0.0	
					<hr/> 1	<hr/> 3.9	

**Death-rate of infants under one year of age:**

All infants per 1,000 live births ... ..	49.4
Legitimate infants per 1,000 legitimate live births ... ..	42.9
Illegitimate infants per 1,000 illegitimate live births ... ..	200.0
The actual number of infant deaths was ... ..	12
Deaths from cancer (all ages) ... ..	44
Deaths from measles (all ages) ... ..	0
Deaths from whooping cough (all ages) ... ..	1
Deaths from diarrhoea (under two years of age) ... ..	3

## **SANITARY CIRCUMSTANCES OF THE DISTRICT.**

### **Water Supplies.**

The various parishes of the District are supplied by the South Kent Water Company, the Tonbridge Water Company, Southborough Urban District Council, and Tunbridge Wells Corporation. The largest supplier is the South Kent Water Company; the whole of the water supplied in the South Kent area is obtained under contract from the Mid-Kent Company. Copies of chemical and bacteriological reports on analyses of samples will be found under the Maidstone R.D. section of this report.

The remainder of the water mains in the parish of Bidborough which were not relaid in 1932 have been replaced during the year, and with the coming into operation of the Southborough Council's new reservoir in Bounds Park, the parish now receives a constant and ample supply of water at a good pressure.

### **Drainage and Sewerage.**

Considerable extensions to the sewage system in Speldhurst Parish have occurred, involving the installation of a new pumping plant at Waterfrets Farm and costing approximately £2,000. The cost of this installation has been recovered from the estate developer with the aid of the powers given to the Council under the Town Planning Acts.

### **Refuse Disposal.**

A fortnightly collection of house refuse has been maintained during the year, and having regard to the size of the area, very few householders have had occasion to complain.

The disposal of the refuse continues satisfactory and has not given rise to any serious complaints. Many waste pieces of land have been reclaimed by filling them up with the refuse, and the farmers have appreciated the improvements.

### **Housing.**

(a) On the 3rd April, 1937, with Mr. Eeles, Agent to the Marquis of Camden, and Mr. W. N. Miller, Surveyor, the Medical Officer of Health made an inspection of the two cottages at Kippings Cross on the Hastings road owned by the Bayham Abbey Estate. The main defects found at the time of inspection were excessive dampness in the brickwork. It was found that the whole of the south-west gable and the bricks right to the side of the fireplaces within the house were saturated with water. There was no dampcourse and the footings at the back were in bad repair. Company water is not laid on, the supply being from a well in the garden. The sanitation is provided by two pail closets. Taking all facts into consideration, and as this property makes a blind corner at this dangerous crossing, the Council's officials did strongly advise the Marquis's Agent to agree to the demolition of the property. As compensation was allowed by the Kent County Council this was done and a new cottage has been erected on the other side of the Matfield road.



(b) With Inspector May an excellent example of cottage restoration which he had had carried out was inspected at Lamberhurst. It was built when this village was a busy centre of the iron industry and was occupied by iron workers. Some old oak ship timbers are well preserved.

(c) With Councillors Mrs. Hyatt-Woolf and B. Bridges, the M.O.H. and Inspector made on the 16th December, 1937, a detailed survey of ten cottages in Horsmonden. Only one demolition was recommended, that of an old Army hut; the other houses can be restored and reconditioned under the Housing (Rural Workers) Act, 1926.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.**  
**Notifiable Diseases during the Year.**

DISEASE.	Total Cases Notified.	Cases Admitted to Hospital	Total Deaths
Scarlet Fever ... ..	29	29	...
Diphtheria ... ..	33	33	2
Pneumonia ... ..	9	3	1
Erysipelas ... ..	7	4	1
Puerperal Pyrexia ... ..	2	...	...
Ophthalmia Neonatorum	1	1	...
Dysentery ... ..	1	...	...
	82	70	4

**Scarlet Fever.**—All the cases were admitted to Capel Isolation Hospital. The parishes concerned were as follows: Pembury Village 4, Pembury County Hospital 7, Five Oak Green 3, Hildenborough 4, Hadlow 4, Capel 3, Groombridge 2, Horsmonden 1, Paddock Wood 1. The age-periods of the cases were:—

1—3	3—5	5—10	10—15	15—20	
4	7	12	2	4	= 29

Two were of hop-pickers, one from Horsmonden and the other from Five Oak Green. In connection with the cases at Pembury Village the M.O.H. instructed the Health Nurse to visit Pembury School, which three of the cases had attended. Three inspections of the contacts at the school were made by the Health Nurse, and one boy on examination was found to have peeling hands; he was excluded from school and a throat swab taken for haemolytic streptococci proved positive; he was removed to Capel Hospital.

**County Hospital, Pembury.**—Seven cases occurred at this hospital during the year, two being of probationers and five of children.

Two of the Hildenborough cases occurred after they had returned home after visiting a house in Tonbridge where there had been scarlet fever cases. The probable source of infection was another visitor to the same house, a child of 18 months, who had a profuse ear discharge, a swab of which showed haemolytic streptococci. He returned to his home at Eynsford and the M.O.H. was notified.

One Hildenborough case occurred in a girl aged nine years, who was diagnosed by the School Medical Officer at the Tonbridge Clinic. The child had been staying at Tunbridge Wells with a relative; the M.O.H. for the Borough was notified.

The Council requested the M.O.H. to report on the fourth case, which occurred at a dairy where there had been another case notified some months previous. All precautions with regard to handling of the milk by contacts were carried out.

Two of the Hadlow cases occurred in the same family. One was a boy on leave from Portsmouth who developed the disease very soon after arriving home; there had been other cases at the barracks. The mother developed sore throat and fever, and was kept under observation and treated at home by the Health Nurse until the symptoms had subsided.

One family at Capel had two cases of children, aged four and eight years respectively; the latter was found to have a sore nose; both throat and nasal swabs proved positive. The third case who attended school was in the peeling stage of the disease.

The two Groombridge cases occurred in the same family; a brother who had been in the Kent and Sussex Hospital, where there was a case of scarlet fever, was immunised against the disease and returned home six days prior to the onset of the above cases.

**Diphtheria.**—There was an increase in the number of cases of this disease notified, viz. 33 (6 being “bacteriological” cases) with 2 deaths, as compared with 17 cases for 1936 with no deaths. The parishes involved were as under: Pembury Village 2, Pembury County Hospital 14, Five Oak Green 7, Brenchley 4, Speldhurst 3, Horsmonden 1, Hildenborough 1, and Langton 1. The age-periods of the cases were:—

0—1	1—3	3—5	5—10	10—15	15—20	20—30	30—50	
3	6	4	7	5	3	2	3	= 33

**County Hospital.**—An outbreak occurred at this hospital, 11 of infants and children ranging from eight months to seven years, and three adults, two of which were nurses. All the inmates and staff were swabbed by the Medical Officer attached to the hospital, and a nasal “carrier” was found, who was removed to Capel Isolation Hospital.

**Hop-picker Cases.**—Six notifications of hop-pickers were received, four at Brenchley, one at Five Oak Green and one at Horsmonden; the latter proved fatal following an operation for tracheotomy.



In one of the Brenchley cases where the Health Nurse was visiting contacts, it was found that in an adjoining hut a girl, age 17 years, suffering from sore throat, had been sent home to London by her mother; also a son left the farm and returned to London following the development of a sore throat. The Poplar M.O.H. was at once advised, and he in turn reported that the latter had been removed to hospital, suffering with diphtheria. The source of infection in the case on the farm was thus traced to the above "carrier." Three "hopper" cases occurred on one farm at Brenchley.

All the contacts to the above cases returned home to their London addresses and the respective M.O.H.s were advised.

Some of the Five Oak Green cases attended Capel School. The Health Nurse visited the school, examined the children and took swabs of contacts; four had positive nasal swabs and were removed to Capel Hospital.

At Speldhurst, a woman was notified with diphtheria, and following her removal to hospital the contacts were swabbed, one of which, a boy who had been discharged from the Kent and Sussex Hospital, Tunbridge Wells, three weeks previously after an operation for tonsils, was found to have nasal and ear discharges; the swab of the former proved positive. A second boy gave a positive nasal swab, and both were removed to hospital.

The Langton case occurred in a nurse employed at the Southborough Nursing Home, where there had been other cases.

The Hildenborough case occurred in a girl employed at a Children's Convalescent Home at East Grinstead; the seven contacts were swabbed by the Health Nurse, and all proved negative.

**Suspected Case of Typhus Fever.**—A letter was written to Dr. A. Armitage Jubb, Medical Officer of the Ministry of Health, from the Medical Officer of Health, dated 24th November, 1937:—

"Confirming my telephone message to you at 4.30 p.m. this afternoon, I send herewith a few particulars of the case of typhus. Name: Dorothy Tomlin, age nine years, of 1 Railway Cottages, Horsmonden. On Sunday afternoon, the 21st November, 1937, Mrs. Graham, Matron of the Isolation Hospital, telephoned me that Dr. Hepper, of Brenchley, desired to have a bad case of measles admitted to hospital. I agreed and advised the doctor accordingly. Yesterday afternoon Matron saw me at my office here and mentioned it was a very unusual case. I have seen the child this afternoon with Dr. Herman, the Clinical Medical Officer to the hospital, and have diagnosed it to be a case of typhus.

"Dr. Hepper, of Brenchley, saw the child first on the 15th November. At first he said the rash was like German measles, then it became like ordinary measles; the temperature was high, about 104°. Later the child became worse and developed cellulitis, first on the calf. When she came in Matron said she was a mass of blisters which afterwards turned pustular. She was covered from her ankles and wrists to her head, so much so that Matron said yesterday she had thought of pustular smallpox. There was much oedema of the face and limbs, there was a free purulent discharge from the umbilicus.

"I saw the child at 3.30 this afternoon and found the temperature had been since admission 103° to 104°. She was comatose. She was covered with a dark eczematous rash, brown and scaly, the umbilicus was discharging, the limbs were swollen. The abdomen was much distended and the child was in a very serious condition. Dr. Herman's diagnosis was septicaemia and peritonitis.



"I saw three cases of typhus in an Irish family at the Belvedere Hospital, Glasgow, when a post graduate. The rash of these and their condition as I remember them was exactly the same as this case.

"There are bad sanitary conditions near to account for its development, as all the sewage of the village of Horsmonden enters a stream near the cottages.

"I shall be obliged if either you or one of your colleagues can come and see the case to confirm the diagnosis. Kindly telegraph time of train."

On 25th November, 1937, Dr. Norman F. Smith visited the Capel Hospital and met in consultation Dr. S. Nicol Galbraith, M.O.H., Dr. Louis Griffiths, Assistant County Bacteriologist, Dr. J. L. Easton, of Tonbridge, and Dr. J. E. Hepper, of Brenchley. On 30th November, 1937, Dr. Norman Smith wrote from the Ministry of Health to Dr. Galbraith as follows:—

"I write to confirm my telephonic message as to the laboratory findings:—

"Weil-Felix test negative.

"Widal (T. and Para-B) negative at 1—20 dilution.

"The swabs revealed nothing of significance.

"I shall be interested to hear of her further progress."

On 2nd December, 1937, Dr. Galbraith, the M.O.H., wrote Dr. Smith as follows:—

"I thank you for yours of 30th November, 1937, giving the results of the bacteriological examinations made in connection with the case of Dorothy Tomlin, aged 9, of 1 Railway Cottages, Horsmonden. I note that these are all negative.

"I read my letter of the 24th November to the Ministry of Health at the meeting of the Public Health Committee of the Tonbridge Rural District Council held this morning. Strong exception was taken to my statement that 'all the sewage of the village of Horsmonden enters the stream near the cottages.' Actually the most of the sewage is emptied from the cesspools and taken away. Only part of the sewage reaches the stream through the one sewer. On making investigations regarding this case on the 28th November, complaints were made that the house windows could not be left open at night because of the smell from the stream.

"Your advice as to the official designation of the case will be appreciated. Dr. Hepper, the notifying practitioner, described it on the telephone as bad measles. Dr. Herman's diagnosis is still, I understand, septicaemia. Dr. Griffiths, who like myself, has seen cases of typhus in Irish people, supports my diagnosis. Meantime, I instructed my Inspector to return it as a case of malignant scarlet fever. Against this, there is no peeling of the hands and feet, though there is general scaling of the body. The condition of the patient is about the same, the temperature, which was 104 degrees for 48 hours, has dropped.

"As Medical Officer of Health, I have taken all appropriate precautions, the school children have been examined and their throats treated by the Health Nurse. I enclose a copy of the report of my Inspector giving details of movements of the patient and contacts.

"I shall therefore greatly value your opinion, Doctor, as to whether you have decided to confirm the case as being one of typhus fever or not. Dr. Ponder, the County Medical Officer, is keeping the midwife off duty until the diagnosis is confirmed."



On 7th December, 1937, Dr. Smith replied from the Ministry of Health as under:—

“In reply to your letter of 2nd December, I write to say that my report has already been considered by my colleagues, in conjunction with the laboratory findings, and we are satisfied with the conclusion to which, I understand, that both you and Dr. Griffiths agreed at the time of my visit, that the case of Dorothy Tomlin was not one of typhus fever.

“In my opinion the ultimate diagnosis must depend on the further course of the case.”

On 8th December, 1937, Dr. Galbraith wrote to Dr. A. E. Herman, Clinical Medical Officer to the Capel Hospital as follows:—

“Dr. Norman Smith, the Medical Officer from the Ministry of Health, who recently visited Capel Hospital and examined the child Dorothy Tomlin writes dated 7th December, as follows:—

“‘In reply to your letter of 2nd December, I write to say that my report has already been considered by my colleagues, in conjunction with the laboratory findings, and we are satisfied with the conclusion to which I understood that both you and Dr. Griffiths agreed at the time of my visit, that the case of Dorothy Tomlin was not one of typhus fever.

“‘In my opinion the ultimate diagnosis must depend on the further course of the case.’

“I shall be glad to know the progress of the case and to learn the final diagnosis Dr. Easton and yourself have arrived at.”

On 10th December, 1937, Dr. Herman replied:—

“*Re* Dorothy Tomlin: She is now convalescent and I feel that measles, complicated by general septicaemia is the only diagnosis that I can make.”

The patient was unconscious for several days. On admission on 21st November, 1937, the temperature was  $105.5^{\circ}$ ; it remained at about  $104^{\circ}$  until 25th November, 1937. The highest pulse rate was 150 and the highest respiration rate 60 per minute. The skin had a mottled or measly appearance, the eruption became purplish and dirty brown (the mulberry rash). There was a great deal of desquamation on the body, but none of the hands or feet. On 6th January, 1938, there was still a good deal of staining of the skin, when she was transferred to the Cottage Hospital, Tonbridge, by Dr. Herman on account of pericardial effusion (water in the sack of the heart). On enquiry to-day (28th January, 1938) the patient is progressing favourably. This remarkable recovery reflects great credit upon the Doctor and the Matron, Mrs. Graham, and her staff at the Capel Sanatorium. Of the five doctors in the above consultation Drs. Easton and Hepper had not previously seen a case of typhus fever.

**Pneumonia.**—Six cases were treated at home and 3 in hospital, one at Tunbridge Wells General Hospital, one at Capel Isolation, and one at County Hospital, Pembury; the former died.

**Erysipelas.**—Four cases were treated at the County Hospital, Pembury, and 3 were treated at home; one of the latter died.

**Puerperal Pyrexia.**—One of the cases occurred at Hadlow and the other at Pembury; both were treated at home. Swabs of the contacts were taken for the haemolytic streptococci by the Health Nurse; 3 proved positive. They were advised to gargle with “Dettol.”

**Ophthalmia Neonatorum.**—This case occurred at the County Hospital, Pembury, and vision was unimpaired.

**Dysentery.**—One case was notified; this was treated at home by the doctor in attendance and was also visited by the Health Nurse.

**Minor Infectious Diseases.**—During the year 1937, Head Teachers notified a total of 143 cases. These were as follows: chicken-pox 55, measles 45, impetigo 17, whooping cough 10, conjunctivitis (“pink-eye”) 7, mumps 6, ringworm 2, and tonsillitis 1.

**Tuberculosis.**—Fifteen new cases were notified; 8 deaths were registered.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
5 ... ..	1	...	1	2	...	...	...	...
15 ... ..	...	...	...	2	...	...	...	...
25 ... ..	...	1	1	...	...	1	...	...
35 ... ..	1	1	...	...	...	...	...	...
45 ... ..	1	1	...	...	...	2	...	...
55 ... ..	1	...	...	...	2	1	1	...
65 and upwards	1	1	...	...	...	1	...	...
Totals ... ..	5	4	2	4	2	5	1	...
	9		6		7		1	

MATERNITY AND CHILD WELFARE SERVICES.

**Health Visiting.**—The following report, slightly abridged, gives particulars of the visits made by the District Nurses of the Queen’s Institute of District Nursing who are located at twelve points in the Tonbridge Rural area and these attend to the constituent parishes.

Miss H. Wakefield, 19 Blythe Road, Maidstone, has been appointed by the Kent County Nursing Association in succession to the late Miss E. Maguire, to administer the west section of the county.



Nursing District	No. of Visits				
	To Expectant Mothers		To Infants under 12 months		To Children 1 to 5 years
	First	Subse-quent	First	Subse-quent	
Ashurst and Groombridge ... ..	1	5	5	59	56
Brenchley ... ..	8	53	10	123	185
Capel and Tudeley ... ..	23	105	20	124	187
Hadlow ... ..	...	..	28	210	370
Hildenborough ... ..	26	139	26	175	171
Horsmonden ... ..	28	72	42	164	114
Lamberhurst ... ..	12	92	20	146	247
Langton Green ... ..	12	7	13	23	49
Matfield ... ..	8	50	8	98	169
Paddock Wood ... ..	14	110	14	92	178
Pembury ... ..	19	65	25	233	393
Speldhurst and Bidborough ... ..	7	33	16	107	169
	158	731	227	1554	2288

**Infant Welfare Centres.**—There are eight Infant Welfare Centres in Tonbridge Rural District, provided by Voluntary Associations and aided by the District Council. The Health Visitor for the respective parish attends each meeting of the Centre and the medical officer, mostly the local doctor, attends each Centre either once a fortnight or once a month. The Statutory Committee meets quarterly and is attended by Council members, Welfare Centre honorary secretaries and the Medical Officer of Health, who submits quarterly reports to the Committee on the work done.

The following figures show the attendances made at the various Centres during 1937:—

CENTRES	Attendances by Children			No. of Sessions during year	Total attendances of mothers
	Under 1 year	1—5 years	Average per session		
Brenchley .. ...	54	271	14.5	22	280
Capel ... ..	93	289	16.0	24	307
Hadlow ... ..	160	281	18.4	24	369
Hildenborough ... ..	610	168	16.5	47	621
Horsmonden ... ..	90	344	19.7	22	322
Lamberhurst ... ..	187	288	22.6	21	343
Paddock Wood ... ..	122	210	15.0	22	217
Pembury ... ..	216	285	22.0	23	338
Totals (8 centres) ...	1532	2136	144.7	205	2797

**Ante-natal Scheme.**—The number of expectant mothers ante-natally examined during the year under arrangements made by the Council with private medical practitioners numbered 4, 2 from Brenchley, 1 from Matfield, and 1 from Groombridge; in the latter the services of a consultant were provided.

**Orthopaedic Scheme.**—In connection with the Kent County Council Joint Scheme for the treatment of crippled children, one case from Hadlow in Tonbridge Rural District attended the Sevenoaks Clinic.

**Grants of Milk.**—Free grants of milk on grounds of health were recommended in necessitous cases to expectant mothers and young children; a total of 1,388½ liquid gallons and 8 pounds of dried milk were supplied during 1937 by the Council.

**Dental Scheme.**—During the year, under the above scheme 21 applications were received from mothers for dental treatment; of these 6 were completed and 15 were still receiving treatment. In respect of children, 13 applications were received, 11 having completed treatment and 2 not yet completed.

#### **Child Life Protection.**

Number of persons receiving children for reward at the end of the year	...	...	...	...	...	...	...	...	...	43
Number of children on Register at the end of the year	...	...	...	...	...	...	...	...	...	75
Number of Child Protection Visitors at the end of the year who were:—										
(i) Health Visitors	...	...	...	...	...	...	...	...	...	4
(ii) Female, other than Health Visitors	...	...	...	...	...	...	...	...	...	7
(iii) Male	...	...	...	...	...	...	...	...	...	<i>Nil</i>

#### **County Council Conferences.**

Dr. Constant Ponder, County M.O., convened two Conferences of Medical Officers of Health of autonomous Welfare Authorities “with a view to ensuring close co-operation in regard to new developments in midwifery and maternity work.” I attended the one held on the 13th October, but the other meeting on the 25th November I could not get to because of an urgent case of infectious disease which occurred in the Tonbridge Rural District. Long agendas were discussed which chiefly concerned the large towns, such as Rochester and Chatham. Tonbridge Rural District is the only moderately sized rural district in the county which remains autonomous. The facilities of the County Dental Scheme were offered to the Rural District. This offer was not accepted by the District Council.

The Midwives Act, 1936, was also dealt with. The County Council’s arrangements under the above Act provide for the Rural District of Tonbridge to be served by midwives employed by the Local District Nursing Association and these arrangements came into force on 1st October, 1937.



**Baby Show.**

The Baby Show held on the 20th July at the Parochial Hall, Paddock Wood, in connection with the National Campaign for Infant Welfare, under the auspices of the District Nursing Association, was attended by the M.O.H. at the request of the Organising Secretary and Nurse Costin. There was an excellent attendance, 85 babies competing and the show revealed a very high standard of health and fitness amongst the children. The show was declared open by Councillor C. E. White.

**ANNUAL REPORT OF SANITARY INSPECTOR.****Eradication of Bed Bugs.**

Number of Council houses infested	...	...	...	...	...	...	3
Number of other houses infested	...	...	...	...	...	...	1
Number of Council houses disinfested	...	...	...	...	...	...	6
Number of other houses disinfested	...	...	...	...	...	...	1

Each of the three infested Council houses is one of a pair, and, in view of this, it was considered advisable to disinfest the six cottages. This work was carried out by the Associated Fumigation Ltd. with the use of hydrogen cyanide at an inclusive charge of £3 5s. per house.

Isolated cases of infestation only are known, and the officer responsible for the maintenance of Council houses suspects that the purchase of second-hand furniture is responsible for these.

With reference to the one privately owned premises it was necessary for statutory action to be taken, and, under the supervision of this office, the premises were cleared and cleansed and finally disinfested. In this case it was not practicable to use hydrogen cyanide because of the danger to the occupants of adjoining properties. A proprietary liquid was sprayed and produced satisfactory results. The owners contributed towards the cost of this work.

**Housing.**

In accordance with the instructions of the Council, a house-to-house inspection of the District was started in October, 1937. By the end of the year 139 houses were inspected and recorded, of which total 16 were incapable of being rendered fit for human habitation at a reasonable cost and thereby became the subject of action under Section 11 of the Housing Act, 1936.

In addition 80 dwellings were found to need varying degrees of repair, 15 of which were rendered fit by the end of the year, and, at the time of writing this report, a further 57 are in hand or completed. These latter have not been included in the summary returned for 1937, which will account for the apparently low percentage of defects remedied.

The effect of this housing inspection is that an increased number of complainants refer direct to the office as to the condition of their dwellings, and attention to these prevents the completion of the survey parish by parish.

It will be observed from the data given in the accompanying schedule 1 that 80 of the 139 dwelling-houses visited, excluding those dealt with under Section 11, were in need of attention—a rate of 58%.

It has been found that continual re-inspection of all work in hand is essential. A specification may allow for the reconstruction of floors and external paving, but, unless an Inspector is present at the opportune moment, it is quite a common occurrence for both items to be attended to without regard to their mutual relationship. When executing work such as this it is easily possible, at very little added expense, to improve the heights of rooms whilst still obviating the danger of flooding. With damp walls it is often found necessary to insert an effective damp-proof course; whilst the greatest expenditure arises in the cost of labour, yet, to save a few shillings, some builders will endeavour to use inferior material.

Generally speaking it has been found that owners respond well to informal action, and some go further than the requirements of the Housing Act to improve the standard of their cottage property.

It is anticipated that little need will arise for formal action, but, in a few cases, it will probably be necessary.

The following is a tabulated statement indicating the nature of works which have been carried out during the year:—

#### Walls:

Walls rendered dry by insertion of damp-proof course	...	...	9
Walls rendered dry by internal rendering	...	...	6
Walls repaired or replastered	...	...	12
Walls rebuilt and/or foundations underpinned	...	...	5
Fireplace openings reconstructed	...	...	1

#### Floors:

Timber ventilated floors substituted for brick	...	...	9
New concrete floors provided	...	...	13
Floors repaired	...	...	3
Floors provided with improved ventilation	...	...	1

#### External Paving:

New pavings laid	...	...	10
Pavings repaired	...	...	5



## Lighting:

New windows provided ... ..	11
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Windows repaired ... ..	12
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## Ventilation:

Rooms provided with additional ventilation ... ..	8
---	---

## Roofs:

Roofs repaired ... ..	2
-----------------------	---

Roofs provided with new or existing gutters, downspouts and disposal arrangements repaired ... ..	7
---	---

Chimneys provided with damp-proof courses and flashings ...	10
---	----

Dormer windows tiled or dressed with lead ... ..	2
--	---

## Miscellaneous:

Doors repaired ... ..	4
-----------------------	---

Coppers provided or rebuilt ... ..	7
------------------------------------	---

Ceilings renewed or repaired ... ..	2
-------------------------------------	---

New staircases provided ... ..	1
--------------------------------	---

Staircases repaired or stiffened ... ..	2
---	---

New food stores provided ... ..	5
---------------------------------	---

Rooms redecorated ... ..	16
--------------------------	----

Cooking ranges renewed or repaired ... ..	9
---	---

Premises provided with main water supply ... ..	2
---	---

Water pumps repaired ... ..	1
-----------------------------	---

## Drainage and Refuse Disposal:

Drains relaid ... ..	3
----------------------	---

Ventilating shafts provided to drainage systems ... ..	3
--	---

New glazed stoneware sinks provided ... ..	5
--	---

New water closets provided complete ... ..	5
--	---

New pedestal pans provided ... ..	7
-----------------------------------	---

Flushing cisterns, etc., provided to water closets ... ..	8
---	---

Urinals reconstructed ... ..	1
------------------------------	---

Pail closets converted into water closets ... ..	1
--	---

Dustbins provided ... ..	3
--------------------------	---

## Milk Supply.

There are 123 milk producers in the District, of whom 46 are producer retailers. In addition 28 purveyors are on the register for retailing only.

As will be seen from the statistical data 295 visits were paid during the year, many of which were in connection with the collection of milk samples from farms licensed to produce a graded milk. These latter, which number 23, are in good order and comply with the Milk and

Dairies Order. Of the remainder it is known that much remains to be done to bring them up to the required standard, both from the structural point of view and as regards the methods of production. Amongst retailers the provision of steam sterilization plant for the treatment of milk bottles and utensils is the exception rather than the rule. The importance of sterilizing with steam cannot be overestimated, and this aspect of the work is now receiving attention.

The following details indicate the improvements which have been obtained during the year 1937:—

Cowsheds:

Provided with additional lighting ... ..	7
Where standing have been relaid ... ..	10
Where channels have been relaid ... ..	10
Where mangers have been relaid ... ..	10
Provided with additional ventilation ... ..	6
Provided with tubular travises... ..	3
Where walls have been made smooth and impervious ... ..	8
Where automatic drinking bowls have been installed ... ..	2
Where concrete walks, etc., have been provided in the shed ... ..	8
Reconstructed ... ..	4
Abandoned as unsatisfactory ... ..	5
New cowsheds built ... ..	2

Dairies Attached to Farms:

Dairies provided with steam apparatus ... ..	2
Dairy floors relaid or repaired ... ..	5
Dairies provided with additional light or ventilation ... ..	4
Dairies provided with smooth and impervious walls ... ..	2
New dairies constructed ... ..	2
New sterilizing rooms constructed ... ..	2

Retail Dairies:

Dairy floors relaid ... ..	1
Dairies provided with smooth and impervious walls ... ..	2
Dairies provided with galvanised iron washing troughs ... ..	2
New dairies constructed ... ..	1

General:

Cleansing of milk vehicles, personal clothing, etc. ... ..	2
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**Meat Inspection.**

Efforts are made to inspect animals before slaughter, but, even where not subjected to ante-mortem inspection, all post-mortem examinations are carried out in accordance with the recommendations laid down by the Memorandum 62 Foods issued by the Ministry of Health in 1922.

The following tabulates details of the work of the Department in connection with meat inspection, most of which is carried out at night:—  
Carcases inspected and numbers condemned:

				Bovines.	Swine.	Sheep.	Total.
Total animals inspected	...	...	...	290	927	395	1,612
All diseases other than Tuberculosis:							
Whole carcasses	...	...	...	1	1	3	5
Parts of carcasses	...	...	...	—	17	3	20
Percentage of carcasses inspected found to be affected to any degree	...	...	...	0.35	1.9	1.52	
Tuberculosis:							
Whole carcasses	...	...	...	1	5	—	6
Parts of carcasses	...	...	...	14	16	—	30
Percentage of carcasses inspected found to be affected to any degree	...	...	...	5.2	2.3	—	

**SOUTHBOROUGH URBAN DISTRICT.****1937 HEALTH REPORT.****General Statistics.**

Area (acres) ... ..	1,758
Population (Census 1931) ... ..	7,371
Population (Registrar-General's estimate mid-year 1937) ...	7,645
Rateable Value ... ..	£60,263
Sum represented by a penny rate ... ..	£251
Number of inhabited houses (end of 1937) according to Rate Books ... ..	2,212

**Extracts from Vital Statistics of the Year.**

				Total.	Male.	Female.
Live	Legitimate	...	...	94	58	36
Births	Illegitimate	...	...	7	4	3
				<hr/> 101 <hr/>	<hr/> 62 <hr/>	<hr/> 39 <hr/>
Birth-rate per 1,000 of the estimated resident population ... ..						
				...	...	13.2
Still-	Legitimate	...	...	3	1	2
births	Illegitimate	...	...	—	—	—
				<hr/> 3 <hr/>	<hr/> 1 <hr/>	<hr/> 2 <hr/>
Stillbirth-rate per 1,000 of total (live and still) births ... ..						
				...	...	28.8
Deaths	...	...	...	96	36	60
Death-rate per 1,000 of the estimated resident population ... ..						
				...	...	12.6
Deaths from puerperal causes ... ..						
				...	...	Nil
Death-rate of infants under one year of age:						
	All infants per 1,000 live births	...	...	...	...	19.8
	Legitimate infants per 1,000 legitimate live births	...	...	...	...	10.6
	Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	142.8
The actual number of infant deaths was ... ..						
				...	...	2
Deaths from cancer (all ages) ... ..						
				...	...	15
Deaths from measles (all ages) ... ..						
				...	...	0
Deaths from whooping cough (all ages) ... ..						
				...	...	0
Deaths from diarrhoea (under two years of age) ... ..						
				...	...	1

**SANITARY CIRCUMSTANCES OF THE DISTRICT.****Water Supplies.**

The following bacteriological reports were received by the M.O.H. upon water samples analysed and supplied by the Southborough Urban District Council water concern:—

- (1) MODEST CORNER, 13th September, 1937.—After chlorination treatment:  
 Number of organisms per cubic centimetre capable of growth on agar at 37° C. ... 2  
 Number of organisms per cubic centimetre capable of growth on agar at 22° C. ... 1  
 Bacillus coli (presumptive): Absent from 100 c.c.  
 Remarks.—Good water.
- (2) HAYESDEN WORKS, 3rd December, 1937.—Water from Clear Tank:  
 No organisms or B. coli cultivated at all.  
 Remarks.—Good water.



A new reservoir on Great Bounds Estate was completed during the year and is now in operation.

**Drainage and Sewerage.**

No new extensions or developments took place during the year.

**Refuse Disposal.**

Similar methods of collection of refuse have been maintained during the year.

**PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.**  
**Notifiable Diseases during the Year.**

DISEASE.	Total Cases Notified	Cases Admitted to Hospital	Total Deaths
Scarlet Fever ... ..	4	3	...
Diphtheria ... ..	4	3	...
Puerperal Pyrexia ... ..	1	1	...
Ophthalmia Neonatorum	2	...	...
	11	7	...

**Scarlet Fever.**—Three of the cases occurred in Southborough town and one at High Brooms. Two of the former and the latter case were removed to the Southborough Isolation Hospital. The age-periods were:

3—5	5—10	10—15	40—45	
1	1	1	1	= 4

Only one of the cases attended school and the child was in the peeling stage. The contacts were visited by the Tonbridge Health Nurse and their throats treated on three successive days. Charles Street School was also visited in connection with this case.

The High Brooms case, a male age 44 years, was visited by the M.O.H. at the request of the medical attendant, and scarlet fever diagnosed. He was advised to go to hospital, but decided at first to stay at home; subsequently, however, he was admitted to the Isolation Hospital, where he remained for two weeks. The hospital doctor diagnosed that the patient was suffering from a “skin disease.”

On the usual enquiries being made in connection with one of the cases it was found that a family of relatives who were staying at the address from which a patient was removed to hospital, had come from London a week or so before, two of their children having been discharged from hospital only a few weeks after scarlet fever; one of them was found to have a sore nose. The family returned to their home address and the Metropolitan Borough M.O.H. notified of the facts; he replied stating that the children were perfectly well when they left. Swabs taken of the two children prior to their return were reported to be negative to the haemolytic streptococci.

**Diphtheria.**—Four notifications were received; one occurred at High Brooms and three at the Southborough Nursing Home.

The High Brooms case occurred in a female aged 16 years, who was nursed at home. Removal to hospital was advised both by Dr. Isaac and the Medical Officer of Health. The mother of the patient, though interviewed by the M.O.H., refused to allow her daughter to be taken to hospital. As the patient was in a highly nervous condition it was decided not to apply for a Justice's Order. The Health Nurse visited.

An outbreak of diphtheria consisting of five cases occurred at the Southborough Nursing Home. The first case was notified by the M.O.H. of Tunbridge Wells; the patient was resident in the Borough, but employed as a nurse at the Southborough Nursing Home. Following on this, 11 contacts at the Nursing Home were swabbed; all proved negative. Some days later a positive swab was cultivated from a female aged 46 years who was a companion to a 92-year-old lady who was a patient in the Nursing Home; further swabbings were carried out by the Tonbridge Health Nurse and the latter gave a positive nasal swab. A day and a night nurse, the latter whose home was in the Tonbridge Rural District, gave positive throat swabs; the three Southborough Urban cases were treated at the Isolation Hospital.

The M.O.H. inspected the Nursing Home and found everything satisfactory. The register was inspected and certain recommendations made.

**Puerperal Pyrexia.**—The one case notified was removed to the County Hospital, Pembury; three contacts were swabbed by the Health Nurse for the haemolytic streptococci, one proved positive; the child's throat was treated with carbolic oil three times.

**Ophthalmia Neonatorum.**—One case was notified from High Brooms and was treated at home, and the other occurred in Southborough town and was treated at home.

**Minor Infectious Diseases.**—Head teachers notified a total of 46 actual or suspected cases, as follows: measles 31, chicken-pox 9, and whooping cough 6.

**Tuberculosis.**—Four new cases were notified; two deaths were registered.



Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
5 ... ..	...	...	1	...	...	...	...	...
15-25 ... ..	1	...	...	...	1	...	...	...
35 ... ..	1	...	...	...	...	...	...	...
45 ... ..	...	...	...	1	...	...	...	...
55-65 .. ..	...	...	...	...	...	1	...	...
	2	...	1	1	1	1	...	...
	2		2		2		...	

### REPORT OF THE SANITARY INSPECTOR FOR 1937.

Inspection of District.—Total number of visits made by the Inspector during the year ... ..	233
Disinfection of premises ... ..	10
Batches of clothing disinfected ... ..	11
Nuisances and Defects remedied:	
Sanitary accommodation—(1) Insufficient	—
(2) Defective	6
Drainage—(1) Reconstructed	—
(2) Repaired	—
(3) Cleansed	7
Offensive accumulations	—
Refuse receptacles ... ..	40
Smoke nuisances	2
Yard paving ... ..	1
Dampness ... ..	2
Roofs and rainwater pipes ... ..	5
Floors ... ..	1
Walls and Ceilings ... ..	8
Windows and Ventilations ... ..	—
Baths, Lavatory Basins, etc. ... ..	2
Water supplies ... ..	4
Overcrowding ... ..	—
Miscellaneous ... ..	20
Bakehouses.—Number in District	5
Number of visits ... ..	5
Dairies.—Number in District	17
Number of visits ... ..	39

Slaughterhouses.—Number in District	...	...	...	...	...	6
Number of visits	...	...	...	...	...	15
Factories, Workshops and Workplaces.—Number in District	...	...	...	...	...	86
Number of visits	...	...	...	...	...	75
Amount of Food Condemned during the year (approximate):	5 tons	16 cwts.	2 qrs.			

### Housing.

#### 1.—Inspection of Dwelling-houses.

(1) Total number of houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	105
Number of inspections made for that purpose	...	...	...	200
(2) Number of dwelling-houses (included under the preceding heading) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	48
Number of inspections made for that purpose	...	...	...	55
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding heading) found not to be in all respects reasonably fit for human habitation	...	...	...	81

#### 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	80
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#### 3.—Action under Statutory Powers.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936	...	...	...	...	...	—
--	-----	-----	-----	-----	-----	---

#### (b) Proceedings under the Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	5
(2) Number of dwelling-houses in which such defects were remedied after service of formal notices	...	...	...	...	...	5

4.—Total Number of Houses owned by Local Authority	...	...	...	54
--	-----	-----	-----	----

#### 5.—Number of new houses built during the year:

(a) By Local Authority	...	...	...	...	...	—
(b) By other bodies or persons	...	...	...	...	...	88

#### 6.—Shortage of Housing: No shortage.



**BOROUGH OF TENTERDEN.****1937 HEALTH REPORT.****General Statistics.**

Area (acres) ... ..	8,946
Population (Census 1931) ... ..	3,472
Population (Registrar-General's estimate mid-year 1937) ...	3,386
Rateable Value ... ..	£22,841
Sum represented by a penny rate ... ..	£91
Number of inhabited houses (end of 1937) according to Rate Books ... ..	1,075

**Extracts from Vital Statistics of the Year.**

			Total.	Male.	Female.
Live	Legitimate	...	39	13	26
Births	Illegitimate	...	2	2	—
			<hr/> 41	<hr/> 15	<hr/> 26
Birth-rate per 1,000 of the estimated resident population ... ..			...	...	12.1
Stillbirths ... ..			...	...	—
Deaths ... ..			65	30	35
Death-rate per 1,000 of the estimated resident population ... ..			...	...	19.2
Deaths from puerperal causes ...			...	...	Nil
Death-rate of infants under one year of age:					
All infants per 1,000 live births ... ..			...	...	48.8
Legitimate infants per 1,000 legitimate live births ... ..			...	...	51.3
Illegitimate infants per 1,000 illegitimate live births ... ..			...	...	0.0
The actual number of infant deaths was ... ..			...	...	2
Deaths from cancer (all ages) ... ..			...	...	11
Deaths from measles (all ages) ... ..			...	...	0
Deaths from whooping cough (all ages) ... ..			...	...	0
Deaths from diarrhoea (under two years of age) ... ..			...	...	1

**SANITARY CIRCUMSTANCES OF THE DISTRICT.****Water Supplies.**

The Borough is almost entirely supplied by the Cranbrook Water Company. Reports on analyses of samples are given in the Cranbrook R.D. section of this report.

**Drainage and Sewerage.**

“The Grange,” St. Michael’s.—On the 28th August, following a complaint, I made an inspection at “The Grange,” St. Michael’s, regarding the disposal of sewage from the Training Home at “The Grange.”

It is evident with the increased accommodation at this establishment there has been an equivalent increase of sewerage to dispose of. With the lady in charge of the Training Home I made an inspection of the sewage works.

I confirmed that the complaint was substantiated, as the ditch was full of black sludge. I informed the manager of the Centre that the nuisance must be abated and recommended that an efficient sewerage disposal plant be installed such as are supplied by the firm of Messrs. Tuke and Bell. I reported the matter to Inspector Turner by letter dated 10th September.

On the 30th November, with Mr. Turner, I again inspected the methods of drainage disposal on this property. With the number of men in occupation the existing system has become inadequate and was causing a nuisance. Pollution of a pond which waters cattle was being caused; it is about this that we have had several complaints. We interviewed the new manager of the Centre, Major Hall. Mr. Turner is having certain improvements carried out.

### Refuse Disposal.

Refuse collection is undertaken by the Council over a defined area. The refuse is disposed of on waste ground. The emptying of cesspools, etc., is not undertaken by the Council.

## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

### Notifiable Diseases during the Year.

DISEASE	Total Cases Notified	Cases Admitted to Hospital.	Total Deaths
Scarlet Fever ... ..	2	2	...
Pneumonia ... ..	1	...	...
	3	2	...

**Scarlet Fever.**—Two cases were notified during the year. The first occurred in an adult male at the St. Michael's Training Centre for unemployed men. He was removed to the Cranbrook and Tenterden Joint Hospital. The M.O.H. visited the Centre and examined the 39 men. Swabs were taken for the haemolytic streptococci of two men with discharging ears; both were negative.

Dr. Rory MacLaren, the Medical Officer to the Centre, was consulted regarding these three cases and two others who were ill.

The second case occurred in a girl aged 13 years who attended Biddenden School, where several cases had occurred. She was admitted to the Cranbrook and Tenterden Joint Hospital.

**Pneumonia.**—One case was notified in an adult male and was treated at home.

**Minor Infectious Diseases.**—During the year head teachers notified only 13 cases of actual or suspected cases of minor infectious disease: whooping cough 11, chicken-pox 1, and measles 1.



**Tuberculosis.**—Three new cases were notified; three deaths were registered.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
15 ... ..	...	...	...	1	...	...	...	...
25 ... ..	...	...	...	...	1	...	...	...
35 ... ..	1	...	...	...	...	...	...	...
45 ... ..	...	...	...	...	1	...	...	...
55 and upwards	1	...	...	...	1	...	...	...
<b>Totals ... ..</b>	<b>2</b>	<b>...</b>	<b>...</b>	<b>1</b>	<b>3</b>	<b>...</b>	<b>...</b>	<b>...</b>
	<b>2</b>		<b>1</b>		<b>3</b>		<b>...</b>	

## REPORT OF SANITARY INSPECTOR.

### Summary of Inspections, &c., for Year 1937.

Slaughterhouses ... ..	60
Cowsheds and dairies ... ..	54
Milk samples taken ... ..	7
Drainage, new and existing ... ..	31
W.C. accommodation ... ..	3
Water supplies ... ..	1
Water samples taken ... ..	4
Housing repairs ... ..	21
Dampness ... ..	2
Hop-pickers' camps ... ..	10
Public conveniences ... ..	12
Infectious diseases ... ..	4
Removals to hospital ... ..	2
Cesspools ... ..	1
Food condemned (35lb. imported beef) ... ..	1
Accumulations of rubbish ... ..	4
Fumigations ... ..	3
Miscellaneous ... ..	21

Housing.

1.—Inspection of Dwelling-houses.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	21
Number of inspections made for that purpose ... ..	21
(2) Number of dwelling-houses (included under the preceding heading) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	—
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation ... ..	20

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	16
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3.—Action under Statutory Powers.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	—
(2) Number of dwelling-houses which were rendered fit after the service of formal notices:	
(a) By owners ... ..	4
(b) By Local Authority in default of owners ...	—





**TONBRIDGE URBAN DISTRICT.****1937 HEALTH REPORT.****General Statistics.**

Area (acres) ... ..	4,594
Population (Census 1931) ... ..	16,832
Population (Registrar-General's estimate mid-year 1937) ...	17,530
Rateable Value ... ..	£149,970
Sum represented by a penny rate ... ..	£565
Number of inhabited houses (end of 1937) according to Rate Books ... ..	4,777

**Extracts from Vital Statistics of the Year.**

				Total.	Male.	Female.
Live	Legitimate	...	...	221	113	108
Births	Illegitimate	...	...	12	7	5
				<hr/> 233	<hr/> 120	<hr/> 113
Birth-rate per 1,000 of the estimated resident population ... ..				...	...	13.3
Still-	Legitimate	...	...	4	4	—
births	Illegitimate	...	...	—	—	—
				<hr/> 4	<hr/> 4	<hr/> —
Stillbirth-rate per 1,000 of total (live and still) births ... ..				...	...	16.9
Deaths ... ..				213	102	111
Death-rate per 1,000 of the estimated resident population ... ..				...	...	12.1
Deaths from puerperal causes ...				...	...	<i>Nil</i>
Death-rate of infants under one year of age:						
All infants per 1,000 live births ... ..				...	...	68.7
Legitimate infants per 1,000 legitimate live births ... ..				...	...	72.4
Illegitimate infants per 1,000 illegitimate live births ... ..				...	...	0.0
The actual number of infant deaths was ... ..				...	...	16
Deaths from cancer (all ages) ... ..				...	...	28
Deaths from measles (all ages) ... ..				...	...	1
Deaths from whooping cough (all ages) ... ..				...	...	2
Deaths from diarrhoea (under two years of age) ... ..				...	...	2

**SANITARY CIRCUMSTANCES OF THE DISTRICT.****Water Supplies.**

The following report on a bacteriological examination of a water sample taken on 13th January, 1938, was received from Mr. T. Muir Thomson, the Manager of the Tonbridge Water Company, the same being carried out by the Counties Public Health Laboratories, London:—

SOURCE: FILTERED AND TREATED SUPPLY AT WORKS "LOW PRESSURE." Taken and signed: T. Latter. Witness: Mr. T. Muir Thomson, 13th January, 1938, 11.42 a.m.

Number of Colonies per cubic centimetre or millimetre of water growing upon Agar at 20° C. in 3 days	...	...	...	...	...	...	...	...	11
Number of Colonies per cubic centimetre or millimetre of water growing upon Agar at 37° C. in 1 day	...	...	...	...	...	...	...	...	3
in 2 days	...	...	...	...	...	...	...	...	7
Smallest quantity of water producing acid and gas in Bile-Salt Lactose Broth after 2 days incubation at 37° C.	...	...	...	...	...	...	...	...	Absent in 100 c.c.
Smallest quantity of water containing the Bacillus Coli	...	...	...	...	...	...	...	...	Absent in 100 c.c.
Smallest quantity of water giving the reaction of the B. Welchii (Bacillus Enteritidis Sporogenes)	...	...	...	...	...	...	...	...	Absent in 100 c.c.

REMARKS.—This is a clear and bright water of the highest degree of bacterial purity. It is a pure and wholesome water, suitable for the purposes of public supply.

Drainage and Sewerage.

On the 16th June a telephone message was received at the Public Health Office that Kent County Officials were going to make an inspection of and take samples of the effluent at the Tonbridge Sewage Works. Accompanied by your Medical Officer of Health and Surveyor, the following officials carried out the said inspection: Dr. E. R. Jones, Deputy County Medical Officer, Mr. Arnaud, County Analyst, and Mr. Arnold, Laboratory Officer.

On September 3rd the M.O.H. wrote the County Medical Officer asking to be furnished with the results of the analyses of the said samples; these were received on September 8th and copies passed to the Surveyor, Mr. B. Bishop, for his attention, and to the Clerk, Mr. S. J. Thorne, for his information. The analyses are here placed on record:—

(1) BOTANY STREAM above Tonbridge Sewage Outfall, taken on June 17th.

Chemical Analysis:

Total dissolved solids	...	...	...	...	...	...	...	...	76.0
Total suspended solids	...	...	...	...	...	...	...	...	1.5
Organic suspended solids	...	...	...	...	...	...	...	...	0.5
Chlorine	...	...	...	...	...	...	...	...	2.9
Free ammonia	...	...	...	...	...	...	...	...	0.016
Albuminoid ammonia	...	...	...	...	...	...	...	...	0.036
Oxygen absorbed (acid permanganate) ¼ hr.	...	...	...	...	...	...	...	...	0.175
do. do. do. 4 hrs.	...	...	...	...	...	...	...	...	0.380
Nitrogen as nitrates	...	...	...	...	...	...	...	...	0.1
do. nitrites	...	...	...	...	...	...	...	...	Absent

Remarks.—This water is of very inferior organic quality and it contains a considerable amount of organic matter in solution.

Bacteriological Analysis:

B. coli (presumptive) present in 1/100 c.c.	...	...	...	...	...	...	...	...	...
Organisms per c.c. growing at 37° C.	...	...	...	...	...	...	...	...	4,000
do. do. 22° C.	...	...	...	...	...	...	...	...	5,000

(2) TONBRIDGE SEWAGE WORKS EFFLUENT at the Outfall, taken 29th June.

Chemical Analysis:

Total dissolved solids	...	...	...	...	...	...	...	...	79.0
Total suspended solids	...	...	...	...	...	...	...	...	5.25
Organic suspended solids	...	...	...	...	...	...	...	...	4.25
Chlorine	...	...	...	...	...	...	...	...	14.2
Free Ammonia	...	...	...	...	...	...	...	...	2.86
Albuminoid ammonia	...	...	...	...	...	...	...	...	0.54
Oxygen absorbed (acid permanganate) ¼ hr.	...	...	...	...	...	...	...	...	1.31
do. do. do. 4 hrs.	...	...	...	...	...	...	...	...	2.25
Nitrogen as nitrates	...	...	...	...	...	...	...	...	0.20
do. nitrites	...	...	...	...	...	...	...	...	Trace
Dissolved oxygen requirement in 5 days	...	...	...	...	...	...	...	...	4.92

Remarks.—The effluent from the Tonbridge Sewage Works is of bad quality and it shows little evidence of oxidation. The dissolved oxygen requirement is excessive.

Bacteriological Analysis:

B. coli (presumptive) present in 1/100,000 c.c.	...	...	...	...	...	...	...	...	...
Organisms per c.c. growing at 37° C.	...	...	...	...	...	...	...	...	650,000
do. do. 22° C.	...	...	...	...	...	...	...	...	1,920,000

A drainage and sewerage scheme is being carried out at Priory Mill which includes a small pumping station and a foul sewer in Five Oak Green Road. A similar scheme is in course of preparation for the Cage Farm area and the north end of Shipbourne Road,



A weekly collection of refuse has been maintained during the year. A new 15 cubic yard rear-loading movable-floor refuse collecting vehicle was acquired during the year.

## Rivers Pollution.

Results expressed in parts per 100,000.

Results expressed in parts per 100,000.							1.	2.	3.
							Tonbridge Town Lock,	Postern Bridge	Tudeley Bridge $\frac{1}{2}$ mile below Eldridges Lock
Total dissolved solids ...	...	...	...	...	...	...	26.0	33.0	27.0
Total suspended solids ...	...	...	...	...	...	...	2.5	2.0	2.0
Organic suspended solids ...	...	...	...	...	...	...	1.0	1.25	1.0
Chlorine ...	...	...	...	...	...	...	4.5	5.3	4.9
Free ammonia ...	...	...	...	...	...	...	0.196	0.272	0.016
Albuminoid ammonia ...	...	...	...	...	...	...	0.032	0.060	0.032
Oxygen absorbed (acid permanganate) $\frac{1}{2}$ hr. ...	...	...	...	...	...	...	0.194	0.245	0.211
do. do. 4 hrs. ...	...	...	...	...	...	...	0.326	0.422	0.367
Nitrogen as nitrates ...	...	...	...	...	...	...	0.1	0.2	0.2
do. nitrites ...	...	...	...	...	...	...	Absent	Absent	Absent
Dissolved oxygen requirement in 5 days ...	...	...	...	...	...	...	0.405	0.755	0.555

## REMARKS.

No. 3 (Tudley Bridge).—The water here is of very bad organic quality and it contains organic matter of sewage origin.

At the request of the County M.O.H., your Medical Officer of Health, accompanied by the Sanitary Inspector, inspected the swimming baths at Hilden Manor Roadhouse and Tonbridge Grammar School on July 23rd and took samples of the water for examination. Dr. E. R. Jones, County Pathologist, reported upon the bacteriological analyses, and Mr. F. W. F. Arnaud, County Analyst, upon the chemical analyses, as follows:—

### Bacteriological Analysis:

Bacteriological Analysis.										No. of organisms per c.c. capable of growth on agar at		B. coli (presumptive)
										37° C.	22° C.	
B.20829.—Water from swimming pool (deep end) ... ..										0	1	Absent in 100 c.c.
B.20830.—Water from swimming pool (shallow end) ... ..										0	0	Absent in 100 c.c.
Remarks.—B.20829: Good water. B.20830: Good water.												
Chemical Analysis (parts per 100,000):												
Total solid residue ... ..										...	...	69.0
Chlorine ... ..										...	...	26.0
Free ammonia ... ..										...	...	0.014
Albuminoid ammonia ... ..										...	...	0.012
Nitrogen as nitrates ... ..										...	...	0.5
Oxygen absorbed, $\frac{1}{4}$ hr. at 80° F. ... ..										...	...	0.038
Oxygen absorbed, 4 hrs. at 80° F. ... ..										...	...	0.070
Nitrites: Very faint trace.												

Remarks.—The water shows evidence of some contamination with organic matter, but in my opinion it is still fit for use for bathing purposes. Very possibly, further chlorination of this water will result in a marked taste being imparted to the water. Unless an early change of water in this bath is contemplated, a sample should be submitted for bacteriological examination at an early date.

(b) TONBRIDGE GRAMMAR SCHOOL, HADLOW ROAD. (Pool filled 9th July, 1937, from Tonbridge Water Company's supply).

Bacteriological Analysis:

	No. of organisms per c.c. capable of growing on agar at		B. coli (presumptive)
	37° C.	22° C.	
B.20831.—Water from school bath (deep end) ... ..	15,750	68,580	Absent in 100 c.c.
B.20832.—Water from school bath (shallow end) ... ..	6	54	Absent in 100 c.c.
Remarks.—B.20831: There is a very high bacterial count, which obviously is not dealt with effectively by the chlorination. The organisms may be soil organisms.			
B.20832: Good water.			

Chemical Analysis (parts per 100,000):

Total solid residue ... ..	68.0
Chlorine ... ..	7.7
Free ammonia ... ..	0.002
Albuminoid ammonia ... ..	0.003
Nitrogen as nitrates ... ..	0.2
Oxygen absorbed, ¼ hr. at 80° F. ... ..	0.027
Oxygen absorbed, 4 hrs. at 80° F. ... ..	0.038
Nitrites: Absent.	
Remarks.—The organic quality of the water was good and no free chlorine was present.	

The Manager of the Roadhouse was notified of the report, and Colonel Latham, Secretary of the Tonbridge School, was advised as to the analyses and the following recommendations made:—

“In view of the adverse report upon the sample taken from the deep end of the pool, I recommend that the sterilizing apparatus be completely overhauled. I desire to point out also that surrounding the pool, which itself is of excellent construction, the grass was long and neglected, and there was a good deal of rubbish behind the pavilion. I recommend that the surroundings of the bath be tidied up and that the grass be made into lawns suitable for resting or exercising upon. A laurel hedge planted within the fence would make a more pleasant background than the black corrugated iron. The allotments and the manure used thereon may account for the soil organisms mentioned by the bacteriologist.”

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

Notifiable Diseases during the Year.

DISEASE.	Total Cases Notified	Cases Admitted to Hospital	Total Deaths.
Scarlet Fever ... ..	20	20	...
Diphtheria ... ..	8	8	1
Pneumonia ... ..	18	5	4
Erysipelas ... ..	8	...	...
Puerperal Pyrexia ... ..	1	...	...
Dysentery ... ..	17	...	...
	72	33	5



**Scarlet Fever.**—Only 20 notifications of this disease were received during the year, as compared with 70 for the previous year. All the cases were admitted to the Joint Isolation Hospital at Capel. Several families had two cases each. The age-periods of incidence were:—

1—3	3—5	5—10	10—15	20—30	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	= 20
1	5	9	2	3	

Four children in one family from Hildenborough contracted scarlet fever, two whilst in Tonbridge and two on returning to Hildenborough. The M.O.H. visited the house and examined the contacts. A child of two years, a visitor from Elynsford, was found to have a discharging ear, the swab of which was positive to the haemolytic streptococci. The child was sent home with his parents and the respective M.O.H. was advised. The source of infection in the four cases was no doubt from this child.

Six cases occurred in the neighbourhood of Vale Road. Three of the cases occurred in one family; the first was a child aged four years, who stayed a total of nine weeks in hospital; the second was a baby aged 22 months, who was also kept in hospital owing to discharging ears for a period of 10 weeks; the third case occurred of the father, who was notified two months after the removal to hospital of the first case. The mother of the children had been suffering from tonsillitis and received treatment from her doctor.

Another family had two cases; one a child attending school, the other under school age. The sixth case was also a school child.

Several of these householders lodged a complaint with reference to an objectionable smell emanating from the stream which runs along the bottom of the gardens. They were interviewed by the M.O.H. on June 29th and an inspection made of the stream, which was found to have been cleared out, but the mud had been left in accumulations on the banks, which probably accounted for the smells complained of. The Secretary to the Medway Catchment Board was communicated with regarding the matter.

The following schools which were attended by 11 of the cases were visited by the Health Nurse and inspections of the scholars carried out:—

Bank Street Infants' School visited 9 times, a total of 276 children examined and treated with antiseptic on 3 successive days, one child with sore nose being excluded; a swab taken for the haemolytic streptococci, proved negative. Sussex Road Infants' School visited twice; 50 contacts examined, 3 treated with antiseptic and 2 swabbed for haemolytic streptococci, both negative. Other schools visited were: Sussex Road Boys', Slade Boys', and St. Stephen's Junior Girls', and 70 scholars examined, 1 boy at the Slade School being treated on 3 successive days for sore throat.

**Diphtheria.**—Eight notifications of this disease were received during the year, with one death, compared with 2 cases in the previous year. They were all admitted to the Capel Joint Hospital and occurred at the following age-periods:—

1—2	5—10	10—15	15—20	20—35	
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	= 8
1	1	2	2	2	



Four of the cases occurred in one family, one being a bacteriological "carrier," found on swabbing the home contacts. Six weeks after these patients had been discharged from hospital, another member of the family developed the disease and the contacts were again swabbed, when positive results were obtained from both nasal and throat swabs of the original "bacteriological" case, for which further hospital treatment was arranged.

The fatal case occurred in a child, aged 5 years, who attended Sussex Road Infants' School. The Health Nurse inspected 35 children on 2 occasions and treated 17 throats on successive days.

The child had attended a Pea-Nut party a few days previously and 50 of the children who attended were traced and inspected, some at school and some in their homes; all appeared satisfactory.

An infant, aged 13 months, contracted the disease; swabs taken of the parents proved negative.

An adult male was notified as having the disease; his sister at Tunbridge Wells had been removed to the Borough Sanatorium the day previous. Two negative swabs were obtained from his throat and he was subsequently discharged.

**Pneumonia.**—Six of the cases occurred in children and 12 in adults. Two children were treated at the Cottage Hospital and 1 adult; the latter died. An infant, aged 13 months, was admitted to the Capel Isolation Hospital with measles complicated with pneumonia; the child unfortunately died. Two children with measles and pneumonia were admitted to the County Hospital, Pembury. Of the adult cases, 3 were of the influenzal type, and 2 proved fatal.

**Erysipelas.**—All the cases were treated at home; 7 were adults and 1 a girl of 12 years.

**Puerperal Pyrexia.**—One case was notified and treated at home. Swabs of the contacts, which included the midwife, were taken by the Health Nurse and proved negative to the haemolytic streptococci.

**Diarrhoea Epidemic.**—A total of 17 notifications of "Dysentery" were received in December from one firm of Doctors in the town. This disease, characterised chiefly by diarrhoea and sickness, was prevalent for some weeks in and around London. The first intimation received was from Dr. A. E. Herman, the Medical Officer of the Public School, that an outbreak of diarrhoea with vomiting had occurred amongst the boys. The County Medical Officer was informed and an appointment was made to meet your M.O.H. at the School by Dr. Louis L. Griffiths, the Assistant County Pathologist. Investigations were together made, and specimens taken for examination, which were subsequently reported as cultivating "no pathogenic organisms."



Information was received from the Head Teacher of Sussex Road Infants' School that a considerable number of scholars were away, and one child had died suddenly with supposed typhoid. This fatal case was registered as having died from gastro-enteritis with early pneumonia. On enquiry from the Coroner, it was not elicited at the inquest that the child's father had died from tuberculosis of the lungs on 17th November, 1933, at the Royal Naval Hospital, Chatham; the headmistress stated the child was debilitated.

The School Attendance Officer, Mr. Pease, interviewed the M.O.H. and the following figures regarding attendances at the schools were obtained:—

							Roll.	Absent.
1.	Sussex Road Junior Girls and Infants	...	...	...	...	...	340	184
2.	do. Senior Boys	...	...	...	...	...	270	92
3.	do. Special	...	...	...	...	...	35	11
4.	Barden Road Junior Girls	...	...	...	...	...	96	10
5.	St. Stephen's Infants	...	...	...	...	...	144	46
6.	Bank Street C.E.	...	...	...	...	...	274	134
7.	Slade Boys	...	...	...	...	...	300	74
Totals ... ..							1,459	551

The M.O.H. suggested that instructions might be given, during the prevalence of the epidemic, that the milk be boiled and supplied to the children heated, where possible, and the County M.O.H. agreed.

Though closure of the schools most affected was suggested, both the County and District M.O.H.s decided this was not necessary.

The disease was of the gastro-influenzal type, as the local outbreak coincided with the first fall of penetrating cold, slushy snow.

As none of the cases were confirmed bacteriologically, after consultation with Mr. S. J. Thorne, the Town Clerk, it was not considered necessary to request other medical practitioners to notify. Most of the school cases were visited by the Health Nurse.

**Minor Infectious Diseases.**—Head teachers notified a total of 189 suspected or actual cases of minor infectious diseases, as follows: whooping cough 15, measles 27, German measles 3, impetigo 3, chicken-pox 51, chills and colds 35, diarrhoea and sickness 55.

**Tuberculosis.**—Seventeen new cases were notified; 8 deaths were registered.

Age Periods			NEW CASES				DEATHS			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			Male	Female	Male	Female	Male	Female	Male	Female
0	...	...	...	1	...	...	...	1	...	...
5	...	...	...	...	...	2	...	...	...	...
15	...	...	...	2	...	...	...	2	...	...
25	...	...	2	4	...	...	1	2	...	...
35	...	...	1	...	...	...	...	...	...	...
45	...	...	2	...	...	1	...	...	...	...
55	...	...	1	1	...	...	...	...	...	...
65 and upwards	...	...	...	...	...	...	2	...	...	...
Totals ...			6	8	...	3	3	5	...	...
			14		3		8		...	

REPORT OF THE SANITARY INSPECTOR.

A Tabular Statement for the year 1937, including (a) the number and nature of inspections made by the Sanitary Inspector during the year; (b) the number of notices served during the year, distinguishing statutory from other notices; and (c) the result of the service of such notices. (Article 27 (18) of the Sanitary Officers' Regulations, 1935.)

Total number of visits of all kinds made during the year ...	1,790
Number of informal notices given for sanitary and housing defects	298
Number of statutory notices authorised to be served under the Public Health or Housing Acts ...	9
Bakehouses.—Number in District ...	16
Number of visits ...	40
Number of defects found and remedied ...	6
Dairies.—Number in District ...	21
Number of visits ...	91
Number of faults found and remedied ...	3
Number of producers of milk ...	10
Number of wholesale traders ...	6
Number of retail purveyors ...	40
Number of dealers licensed to sell "Designated" milk ...	4
Slaughterhouses.—Number in District ...	5
Number of visits ...	367
Number of defects found and remedied ...	1



The following information has been requested by the Ministry of Health to be provided on the matter of Meat Inspection:—

**Carcases Inspected and Condemned.**

	Cattle, excluding Cows.			Sheep and Lambs. Pigs.		
Number killed, if known ...						
Number inspected ... ..	126	3	56	265	531	
All diseases except tuberculosis:						
Whole carcasses condemned...	—	—	1	5	—	
Carcases of which some part or organ was condemned ...	2	—	—	—	1	
Tuberculosis only:						
Whole carcasses condemned...	1	—	—	—	—	
Some part or organ condemned	3	—	—	—	3	
Other Food Preparing Places.—Number of visits						
Number of faults found and remedied ... ..						62
Offensive Trades.—Number in District ... ..						12
Number of faults found and remedied ... ..						2
Number of visits ... ..						1
Number of visits ... ..						11
Factories and Workshops.—Number in District ... ..						
Number of visits ... ..						257
Number of defects found and remedied ... ..						95
Shops Act, 1934 (Section 10).—Number of visits						9
Number of defects found and remedied ... ..						57
Number of defects found and remedied ... ..						8
Canal Boats.—No dwelling-boats used the Wharf during the year, and there are no boats on the register.						
Rats and Mice (Destruction) Act.—Fifty-four visits have been made, advice and assistance being given in difficult cases. A report has been made to the Ministry of Agriculture and Fisheries on the local effort made during National Rat Week.						
Infectious Disease.—Number of visits						
Number of premises disinfected ... ..						60
Lots of bedding and clothing removed ... ..						41
Amount of food condemned during the year: 13 cwts. 3 qtrs. 3 lbs.						21
Nuisances, including sanitary and housing defects, dealt with on complaint and otherwise during the year:—						
Accumulations (offensive) ... ..						18
Animals (keeping of) ... ..						9
Ashpit Accommodation ... ..						51

Coppers (defective) ... ..	6
Drainage: Reconstructed ... ..	—
Repaired ... ..	20
Cleansed ... ..	24
Dampness ... ..	41
Floors (defective) ... ..	34
Gutters, Roofs, etc. ... ..	37
Sanitary Accommodation: Insufficient ... ..	2
Defective ... ..	51
Sinks, Baths, etc. ... ..	23
Stoves ... ..	26
Tents, Vans, etc. ... ..	3
Walls and Ceilings ... ..	159
Windows ... ..	49
Yard Paving and Drainage ... ..	37
Others ... ..	106

### Housing.

#### 1.—Inspection of Dwelling-houses during the Year.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	378
(b) Number of inspections made for the purpose ... ..	753
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	68
(b) Number of inspections made for the purpose ... ..	168
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	4
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	51

#### 2.—Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	75
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## 3.—Action under Statutory Powers during the Year.

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 ... .. —

(b) Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... .. 5

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:

(a) By owners ... .. 5

(b) By Local Authority in default of owners ... —

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... .. 3

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... .. 3

(d) Proceedings under Section 12 of the Housing Act, 1936 ... —

## 4.—Housing Act, 1936, Part 4.—Overcrowding.

(a) (1) Number of dwelling-houses overcrowded at the end of the year ... .. 23

(2) Number of families dwelling therein ... .. 23

(3) Number of persons dwelling therein ... .. 180

(b) Number of new cases of overcrowding reported during the year ... .. 4

(c) Number of cases of overcrowding relieved during the year 36

Number of persons concerned in such cases ... .. 273

(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... —

**Eradication of Bed Bugs.**

(1) (a) Number of Council houses found to be infested ... .. 8

(b) Other houses ... .. 28

(2) (a) Number of Council houses disinfested ... .. 8

(b) Other houses ... .. 16

- (3) Methods employed for freeing infested houses from bed bugs:  
Burning "Cimex" blocks (fumigation) and spraying with insecticides.
  - (4) Methods employed for securing that the belongings of tenants are free from vermin before removal to Council houses:  
Treatment with hydrogen cyanide gas in fumigating vans.
  - (5) Whether the work of disinfection is carried out by the Local Authority or by a contractor: Council houses are treated by the Council's staff. Private houses are treated by builders and by owners and occupiers as the circumstances require. Belongings moved from infested private houses to Council houses are dealt with by Associated Fumigators Ltd.
  - (6) Measures taken by way of supervision or education of tenants to prevent infestation or reinfestation after cleansing: By inspection and by advice given personally or in printed form.
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